MARYLAND	STATE C	DEPARTMENT	OF HEALTH
ON OF STATISTICAL	RESEARCH A	AND RECORDS - BA	ALTIMORE 1, MARYLAND

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIN

01261

1. PLACE OF DEATH	2. 1	JSUAL RESIDENCE (When			ce before admission)
o. county Wicomico	MARYLAND	Maryl:	and b	. COUNTY Wid	comico
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	OF STAY IN 16	CITY OR TOWN (If out		its, write RURAL and g	give nearest town)
Salisbury	X	Salisb	ury		
d. NAME OF HOSPITAL (If not in hospital, give street address)		d. STREET ADDRESS	Maria Cara		e. IS RESIDENCE
OR INSTITUTION R.D.# 3 (Dagsboro	Road)	R.D.#	3		YES NO
3. NAME OF First	Middle	Last	4. DATE	Month	Day Yeor
(Type or print) ERNEST LEE	E ADK	INS	OF DEATH	JANUARY	24th 19 62
S. SEX 6. COLOR OR RACE 7. MARRIED NEVE	R MARRIED [8. DA	TE OF BIRTH	9. AGI		1 YEAR IF UNDER 24 HRS.
Male White WIDOWED [DIVORCED OCT	tober 7,18	8	4 yrs. Months	Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUS	SINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	r fareign country)	12. CITI	ZEN OF WHAT COUNTRY?
Carpenter House Construct	ion	Wicomico	Co.Mai	yland	USA
13. FATHER'S NAME		MOTHER'S MAIDEN NA	ME		
Peter H. Adkins		Mary Hol	land		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) [(If yes, give wor or dates of service)]	JRITY NO. 17. INFOR	MANT		fe Address D.#	3
Unk	SE	Addie M.Ad alisbury, F	lary land	L. C. M. D.	
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b),				1	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Pulmona	y Hemmer	Land -		i Roma
1/2 / DUE TO		1 1	1		
Conditions, if ony, which)	a a ma	Atu 1	R /		1 max +
gove rise to immediate	varan-ve	+	1000	grace)	6 // 01 - 2
couse (o), stoting the <u>under-</u> lying couse lost. (c)					ALL SO KINS
, (c)	IG TO DEATH BUT NOT	RELATED TO THE TERMIN	IAL DISEASE CON	DITION GIVEN IN PAR	T 1(o) 19. WAS AUTOPSY
ATIO					PERFORMED? YES NO
E 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW IF	NUIRY OCCURRED (Fr	iter noture of injury in Po	ort Lor Port II of i	tem 18.)	I I I I I I I I I I I I I I I I I I I
OR CONTRIBUTING CAUSE OF DEATH	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	IRRED IZON PLACE	OF INJURY (Home, farm,	1 206 (City or tow	-1	County) (Stote)
Hour o. m. While _ Not whi	Co observe	street, office bldg., etc.)	1 201. (City of low	n) (c	County) (Store)
p. m. N/A 19 of work of work		N/A		N/A	
21. I certify that (I) (this hospital) attended the dec	ceased fram	6/1 196	1. to	eath, 19	, Ihat (I) (we) lost
saw the deceased alive an 1/20 19 6	2 and that death	accurred at 53°	V, from the c	auses and on the	e date stoted above.
22o. SIGNATURE		TO THE STATE OF			22b. DATE
Great In Jarma	M.D.	PHYS. MEL	ECTOR PHY	s. □ Jan.	/1962
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS			
Dr. Ernest W. Larmo	re	Delmar, K	MAXX De.	aware	
	OF CEMETERY OR CRE	EMATORY :	23d. LOCATION (Lity, town, or county)	(Stote)
REMOVAL (Specify) Jan. 26, 1962 Pa	ersons Cen	netery	Salis	sbury Mar	yland
24. FUNERAL DIRECTOR'S SIGNATURE ADDRES	SS	25o. REC'D	8Y REGISTRAR	25b. REGISTRAR'S SIG	*
HOLLOWAY & COMPANY SALISBU	JRY, MARYLA	AND DATE 3	0.100		
		JAN 3	4 62	Citizes S. The	u.s

VR A15 (4) 1SM 9/59

. D. I. San Eventral of Land The state of the s British I a Charles Rosen Galleria of the first transfer of the state of the st Street or Mr. Warren and Array Street

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death. Pare may be retained by the hospital or attending physician.

TO FUNE! DIRECTOR: After this certificate has been signed by the attending physician and completely in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Fages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 24 hours after defin.

W

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01279 CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Res	sidence before edmission)
• COUNTY / MARYLAND	6. STATE b. COUNTY	ctra
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end	
write RURAL end give neerest town)	0 , 0.1	010
SAMSBURY		3x.2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	IS RESIDENCE ON A FARM?
PENINSULA GENERAL HOSPITAL	K.F. D. L. Dx. 70	YES NO
3. NAME OF First Middle	Lest 4. DATE Month	Dey Yeer
(Type or print) Manie E.	AMES DEATH JANUARY 11.	1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers IFUNDER) Y	
FEMALE NEGRO WIDOWED DIVORCED	Dec. 24, 1891 70 yrs. Months De	ys Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
done dering most of working life, even if retired)	Virginia	ISA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	. 0,111
Canraa (in a inca	Lancia Savaca	
George Garrison	Lonnie Savage	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, p. yokown) (Ifyesgivewerordetesofservice)	INFORMANT	1 0.1 001
1/0 - 1	eng Washington rocomo	ke City, "Id
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)		ONSE! AND DEATH
DUE TO O	Α	
CV1	and an alreste	5-6 mais
Conditions, if eny, which geve rise to immediate cause	ener regioner	3 3 3
(e), steting the underlying DUE TO		
ceuse lest. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N		(e) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN	a meterstrais.	YES NO
200. ACCIDENT WAS UNDERCYING 20b. DESCRIBE HOW INJURY OCCURIOR OR CONTRIBUTING CAUSE OF DEATH	D. (Enter neture of injury In Pert I or Pert II of item 18.)	
5	ACE OF INJURY (Home, ferm, 20f. (City or town) (Count ctory, street, office bldg., etc.)	y) (Stete)
Hour e.m. P.m. While Not While at work et work	Clory, Street, Office Diags, Street	
	5 San 1962 10 11 Jan 198	e that (I) (was) last
21. I certify that (I) (this hospital) attended the deceased from		
saw the deceased alive on 11 Jan 1902, and the	ar death occured argI:M, from the causes and on the	22b, DATE
220. SIGNATURE	ATTENDING MED. STAFF	SIGNED
	M.D. PHYS. DIRECTOR PHYS.	
22c. HYSICIAN'S NAME (Type)	22d. ADDRESS	
23a BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER)	OR CREMATORY 23d. LOCATION (City, town or county)	(Stete)
BEMOVAL (Specify) 1-14-62 Red Hill	Cem. Keller	Va.
24 JUNERAL DIRECTOR'S SIGNATURE ADDRESS	2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SI	GNATURE
The wilder a No. Ch.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Il in
Langue Havey IKW Chur	Ch. VG. DATE SPATE 1 02	

6 3 MZ 1. Style I g +z 120 24 1891 70 Donneth How Wife Virginia USA George Starrison Lonnie Strugge Lena Washington Tocomode (+) Pur Euroat Ten 62 Rallhill Com Keller Harrison David Down Church, Va. - 11 10 00 1 1000 1000

1. 10	Lt.	1-25-6	ilm 305 2 ams	MARY	LAND STATE	DEPA	ARTMENT O				
X		DIVISION	01280	RESEAR	CERTIFICA	TE	OF DEATH	N STREET, E I	BALTIMOR	RE 1, MARY	LAND HTDES
plnods	1.	PLACE OF DEA			Items 8 & 9	7 72	USUAL RESIDEN	CE (Where dece	ased lived, If in	nstitution: Resider	nce before edmission)
45 ST		. COUNTY	Wicomico		MARYLANI	0	. STATE Mary		b. COUNT	Y Wicon	
and 2		b. CITY OR TOWN	(if outside corporate limite and give neerest town)	s,	c. LENGTH OF STAY IN	lb	c. CITY OR TOWN (If outside corpore	te limits, write	RURAL end give	nearest town)
SXX		Salisbu		E 1300	13 days		X White H	Haven			
9 I		d. NAME OF HOS	SPITAL OR INSTITUTION (in	not in hospi	itel, give street eddress)		d. STREET ADDRESS				e. IS RESIDENCE
			s Head State	Hosp:	ital	1					YES NO
		NAME OF DECEASED	First		Middle		Last	4. DATE OF	Month	Day	Yeer
		(Type or print)	Woodl		A.		derson	DEATH	Janua		
	5.	Male Male	White	7. MARRIED WIDOWED	NEVER MARRIED	8. D	ATE OF BIRTH 3/3			Months Days	Hours Min.
			ATION (Give kind of work	10b. KIN	ID OF BUSINESS OR INDU	JSTRY 1	II. BIRTHPLACE (Cour	nty & State, or for	eign country)	12. CITIZEN C	OF WHAT COUNTRY
	ao	The during most of	working life, even if retired	Ser.	Machano	1,50	MZY	12nd		11/,	5.
-	13.	FATHER'S NAME		A 1	1001-2703-8-0	14.	MOTHER'S MAIDEN	NAME			
		Willia	in T. B	Ind o	5,450m		SZYZA	1 1.		- 1	11
	15. (Ye	WAS DECEASED	EVER IN U.S. ARMED FOR	CES? 16. S		7. INF	ORMANT	01	Address	White	Haven
		No				143	£/518	Hndo	3YJen	M	4
			F DEATH [Enter only one	cause per lin	e for (a), (b), and (c).]					Į į į	TERVAL BETWEEN NSET AND DEATH
		PARI I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	Bro	nchopneumoni	a					days
. /		49/X	DUE TO								
V		Conditions, if e		Frac	cture of the	rie	ght femur			2	months
		(a), stating the	DIE TO								
	7	cause last.	(c)_ HER SIGNIFICANT CONDIT	IONS CONT	PIRLITING TO DEATH RUT	NOT P	ELATED TO THE TERM!	NAL DISEASE CO	NOITION CIVE	N IN PART 1/=11	10 WAS ALITOPSY
2.	ATION	PART II. OT	HER SIGNIFICANT CONDIT	10143 COI41	KIDOTING TO DEATH BOT	NOT KE	LEATED TO THE TERM	IVAL DISTASE CC	ADMON GIVE	IN IN PART I(e)	PERFORMED? YES NO
	CERTIFICATION	OR CONTRIBUTIN	WAS UNDERLYING	20b. DESC	RIBE HOW INJURY OCCU	IRED. (En	nter neture of injury in	Part I or Pert II of	f ilem 18.)		
		20c. TIME OF IN		r 20d. IN	IJURY OCCURRED 200.		OF INJURY (Home, fars		r town)	(County)	(State)
	MEDICAL	Hour e.m		While et work	Not While et work	factory,	street, office bldg., etc	:.)			
		21. I certify	that (I) (this hospit	al) attende	ed the deceased fro	m. Ja	an. 3	1962, to.	Jan. 16	19.62	that (I) (we) las
				- /	19.62., and t			M, from t	he causes a	and on the d	late stated above
		22e. SIGNATUR	E //	4.1	8.	M.D.		MED. DIRECTOR	STAFF PHYS.		22b. DATE SIGNED 1/16/62
1		22c. PHYSICIAN NAME (Ty	r's L. V. Ma	ldve,	м. в.		Deer's He	ead Hosp:		alisbury	
	232	BURIAL, CREMA	ATION, 236., DATE THER	OF	23c. NAME OF CEMETE	RY OR	CREMATORY	23d. LOCAT	ION (City, tow	n or county) /	(State)
9		REMOVAL Speci	ify); / / K//	62	ST Mary	15	Com.	1/42	SKin	Md.	
)	24	FUNERAL DIRECT	OR'S SIGNATURE	R	ADDRESS	117	25a. RE	C'D BY REGISTRA		STRAR'S SIGNA	
16		UPI	loon y	IX	10011611	10	DATE	JAN 1 8 '62	<u> </u>	when & the	iall ^A
				3							

almost mportal at the mark of its and an anothers Mary Christian Son Section And the same of th . Classic Control of the Control of COPILE SON STRUCTURE OF THE MAN WE WAS TO SEE THE STRUCTURE OF THE SECOND STRU

FOR STATE HEALTH DEPT. TO DEPUT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any of its necessary, please ext. a the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fund director. Page 4 should be verwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1281 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1.	PLACE OF DEATH						E (Where dacass	ed lived, If Instituti	on: Residenc	a before admission	in)
		omico		MARYLANI	a. STATE		vland	b. COUNTY W	comic	30	
1-		outside corporata limits) c. l	ENGTH OF STAY IN			V -	limits, write RURA			
		isbury			12.	Sol	isbury				
-		AL OR INSTITUTION (if	not in hospital,	giva street addrass)	d. STREE	T ADDRESS	rspury			e. IS RESIDENC	Œ
1	0 A D	an Can Ha				777	T T-01	-33- 04		YES NO TO	_
	NAME OF	en Gen Ho	spical	Middle	ll Last	(11	E. Isal	Month ST	Day	Year	
	DECEASED (Type or print)	CIT A STEET	7.5			G	OF DEATH				
-		STANLE		JOHN	BARABA			JANUAL		V 14	_
3	. SEX	6. COLOR OR RACE	. MARRIED	_	B. DATE OF BIR	in	9. Ac	GE (In years IF UNI		Hours Min.	
	Male	White	WIDOWED [DIVORCED 🔀	Jan.25		1 51	also et	1171		
10	one. USUAL OCCUPATION done during most of wor	ON (Giva kind of work king life, avan if retired	10b. KIND O	F BUSINESS OR INDU	STRY 11. BIRTHP	LACE (State of	or foreign country	12.	CITIZEN OF	WHAT COUNTRY	(Y?
		J. I. Wells		awman)	Pa.			Ţ	JSA		
	3. FATHER'S NAME				14. MOTHER	'S MAIDEN	NAME				
	John Bar	ahad			Sonh	ia On	usinsk:	1			
	S. WAS DECEASED EVE	R IN U.S. ARMED FORCE		AL SECURITY NO. 1	. INFORMANT			Address		1-1-1-1	-
10	Yes, no, or unkown) (If	yes give war or dates of se	vice)	M	rs. Mary Street	Stan		Sister) 2	213 W	est 22n	ıd
-		EATH [Enter only one	ause per line for	r (a), (b), and (c),	street	Che	ster, Pa	1. (TH=4=	-1259	RVAL BETWEEN	
	PART I. DEATH	WAS CAUSED BY:	Pa	1	00	Vana			ON	ET AND BLATH	1
	the h	MMEDIATE CAUSE (a)_	- 0	W.	7-	~~~	~~		1	mered in	_
	, 90	DUE TO		(
	Conditions, if any,	1-1-									
	(a), stating the un	DI BUILTO									
	cause last.) (c)_									
N	PART II. OTHER	SIGNIFICANT CONDITI	ONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO	THE TERMIN	IAL DISEASE CON	IDITION GIVEN IN	PART 1(a) 19	PERFORMED?	
I									Y	ES NO X	-
CERTIFICATION	20a. EXTERNAL CA		b. DESCRIBE HO	OW INJURY OCCURE	. (Enter nature of	injury In Part	I or Part II of item	18.)			-
2	PRIMARY OF COL	NIKIBUTING []									
3	20c. TIME OF INJUI	RY Month, Day, Year	20d. INJUR	Y OCCURRED 200.	PLACE OF INJURY			own)	(County)	(Stata)	
MEDICAL	Hour a.m.	10	While It at work	Not While	factory, street, offic	e bldg., efc.)					
5		at I took charge of			held an Autor	Vev 🔲	Inspection X	Inquiry X	and	in my opinion	_
						Homicide		ermined manner	_	in my opinion	
	death resulted for	Natural cau	ises []. A	Accident, 3				minimed manner			
	ACTUAL /	8 11	1/4	/		F MEDICAL E					
	SIGNATURE	المدار	VY		M.D.		CAL EXAMINER	1000	DI	ATE SIGNED	
	EXAMINER'S	r. Earl L.	Royer			TY MEDICAL	EXAMINER X	Jar	15	/1962	
		07 Camder		alisbury	Md Add		lty, town, or coun	ly)			_
2	2a. BURIAL, CREMATIO REMOVAL (Specify)			NAME OF CEMETER				(City, town, or cou		(State)	
	Burial			arsons C	emetery		Salish	oury, Mar	ryland	i	
1	3. FUNERAL DIRECTOR			ADDRESS		24a. REC'		24b. REGISTRAR			
	YAWOLLOH	& COMPANY	SALI	SBURY, MA	RYLAND	DATE	IN 1 9 '62	arthur	8 Home	4.4	
-											_

achiero a contrato A CONTRACTOR OF THE RESIDENCE OF THE PARTY O Comme Outsiles Sant Cl ires. the state of the s שיים ולי, בינה ביין יישור לייויים לייייים און אינייים און אינייים און איניים איניים און איניים איניים איניים איניים איניים איניים איניים איניים איניים און איניים איניים איניים איניים איניים און איניים א The House of the Line of the Control of the Control

ed in by the funeral ses 1 and 2 should OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within '24 hour sees death, 'Pe' 1 way be retained by the hospital or attending physician.

TO FUNE 1 DIRECTOR: After this certificate has been signed by the attending physician and complete 4 in by the adjrector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH

	MARIE OF THE DELANTING OF THE PERSON	
1	IVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYI	LANI

	01282	CERTIFICATI	OF DEATH	1	01265
1.	PLACE OF DEATH		2. USUAL RESIDEN	CE (Where decesed lived, If in	stitution: Rasidance before admission)
1	e. COUNTY		a. STATE	b. COUNT	
	Wicomico	MARYLAND	MARVI	and -	talhat
	b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	f outside corporate limits, write	RURAL and giva nearest town)
	write RURAL and give naarest town) Salisbury	8Mos. 6 Days	5+ m.	hade	204.2.
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos		d. STREET ADDRESS	110-13	. IS RESIDENCE
	Develop West Chair	17 11 7			YES NO
2	Deer's Head State				
3.	NAME OF First DECEASED	Middle	Last	4. DATE Month OF	Dey Yeer
	(Type or print) Andrew		Barnett	DEATH Janua	rv 73 19 62
5.	SEX 6. COLOR OR RACE 7. MARRIE	NEVER MARRIED 1 8.	DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
	Male Negro WIDOWE		1-12- 85		Months Deys Hours Min.
10e	110520	ND OF BUSINESS OR INDUSTRY		ty& Stete, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	ne during most of working life, even if retirad)	-/1	MA	d Siele, or joining a country,	
	1460 LEA	omestic	MARYI	Ahd	W.S.A.
13.	FATHER'S NAME	,	14. MOTHER'S MAIDEN	4 1	
	Andrew Barne	#	Barth	A Johnso	5.77
		SOCIAL SECURITY NO. 17. II	NFORMANT	Address	
(18	s, no, or unkown) (Ifyesgive weror detes of service)	18-10-9813	Hospital Rec	ords Salisb	n mr Monuland
-	18. CAUSE OF DEATH [Enter only one cause per I		nospital nec	oras parran	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ine for (e), (b), end (c).]			ONSET AND DEATH
	MMEDIATE CAUSE (a)	ecurrent Cereb	ral Thrombos	is w/quadruple	y 5 Months
	33/ V DUE TO				
		rteriosclerosi	s. General		?
	gave rise to immediate cause	1 001 10000101001	o, donoraz		•
-	(e), steting the underlying DUE TO				ARELICS IN THE
	cause lest. (c)				
Z	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	N IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
CERTIFICATION	Arteriosclerotic Card	formanilan Dia	0000		YES NO
FIC.		iovascular Discribe How injury occured.		Pert Lor Pert II of item 18)	1 4 6 2
ERTI	OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW HOOK! OCCURED.	temor moraro or mjary m		
	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL			CE OF INJURY (Home, fern ory, street, office bldg., etc.		(County) (State)
ED	Hour a.m. While at wor	THOI WILLIAM	ory, sireer, office brug., erc	"	
~	p.m. 19		E/8/61	12 1/13/6	2 10 11 (1) (-) 1
	21. I certify that (I) (this hospital) atten				
	saw the deceased alive on	19, and that	death occured at	Z.M, from the causes a	and on the date stated above
	22a. SIGNATURE		ATTENDING A	NED TOP M. STAFF	22b. DATE SIGNED
	· merue	au. M.	DILLY C	DIRECTOR PHYS.	1/13/62
	22c. PHYSICIAN'S	, , , , , , , , , , , , , , , , , , ,	22d. ADDRESS		
	NAME (Type) V	n	Doomla	Uand Chata Harr	oftel Celiaberra
_	V. Juerman, M.	<i>U</i> •			pital - Salisbury
234	REMOVAL (Specify)	23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (City, tow	n or county) (State)

arthur S. Kraus

15M 9/60

FUNERAL DIRECTOR'S

6-12- 65 1 50 medicare demands of marchanes with Endered Same to Beethin determine THE RESIDENCE OF THE PROPERTY OF THE PARTY O The said to the said the should be a state of the said to the said Janes De La Colon Janes Com Janes Co

FOR	ST	AT	F
	-		-
HEALT	н	DE	۲۱.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the sufficate, writing the ward "pending" in pendi in them. 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be should be used as a burial-transit permit. File pages 1 and 2 with the Stormard of Health, and designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

1	tems 18&2 2-5-62 a	ms MARYL	AND	STATE DEPA	RTME	NT OF	HEALTI	H-BA	LTIMORE	, 18			
	0	1283 ME	DICA	L EXAMI	NER'S	CERTI	FICA1	TE OF	DEATH		g. Dist. No	019	266
1	PLACE OF DEATH						SIDENCE (W	Vhere deced	osed lived. If in		esidence be	fore odm	ission)
1	\	Vicomico -		MA	RYLAND	o. STATE	Mary	rland	b. COL	INTY	Wic	omic	20
	and give nearest town		RURAL	c. LENGTH OF STA	AY IN 16	c. CITY OI	R TOWN (IF	outside co	rporote limits, w	rite RURAL	ond give	neorest lo	wn)
1		Salisbury				X		sbur	v				
		AL OR INSTITUTION (d. STREET	ADDRESS						A FARM?
	AND DESCRIPTION OF THE PERSON	O.A. at Po	en Ge	en. Hospi	tal		R.D.	# 3	Delmar	Roa	d	YES [NO 🔯
3	NAME OF DECEASED	Fire		Middle	TO A 7	las	it	4. DATE		onth	Doy	Υ	eor
-	(Type or print)	MAR		/ERONICA	BAY			DEATH	UA	NUAL			9 62
13		6. COLOR OR RACE				DATE OF BIRT			9. AGE (In year last birthday)	Mont	DER TYEAR	Hours	Min.
L	Female	White	WIDOWE	Card .	tend A		,1909		1 100	rs. 8			
1	during most of working	ON (Give kind of work on the life, even if retired)	10b.	KIND OF BUSINESS (OK INDUSTR	T II. BIRTHPI	ACE (Stote	or foreign	country)	12.	CITIZEN O	F WHAT	COUNTRY
-		Work		None			ley, F				U	SA	
1,	3. FATHER'S NAME	7 75				14. MOTHER'S							
1		d Kazaka							usavag				
Ċ	fes, no, or unknown)	ER IN U. S. ARMED FO		SOCIAL SECURITY N	io. IV. IN	Martin	n Kas	sev(Brothe	r)#6	9 Fa	11 8	St
-	1/10					Ash.	ley,	Pa.					
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1	222	IMMEDIATE CAUSE (0)	A	Acute alc	oholi	sm					h	ours	
ı	5d d.	DUE TO											
H	Conditions, if o			Chronic A	Lcoho	lism					У	ears	
ı	(o), stoling the												
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13	PARI II, OII	HER SIGNIFICANT CON	DITIONS CO	SINTRIBUTING TO DE	ATH BUT NO	OF KELATED TO	INE IEKMI	NAL DISEA	SE CONDITION	GIVEN IN		PERFO	RMED?
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Contraction of	20g. EXTERNAL CAL PRIMARY OF CO CAUSE OF DEATH.	NTRIBUTING []	b. DESCRIB	E HOW INJURY OCC	.URRED. (En	iter noture of it	njury in Parl	f or Port 1	l of item 18.)				
				INJURY OCCURRED	Teo			1					
10000	Hour o.m.		White		factor	E OF INJURY (ry, street, office	bldg., etc.	20f. (Cil	y or lown)		(County)		(Slote)
13		19		ork at work									
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1	opinion deoth	resofted from: 1	loturol	couses 🔼, Ac	cident [], Suicid	e 🔲 , 🕒	Hamicide	Unde	etermine	d manne	er 🗌	
1	ACTUAL /	13 1	. 1		/			111				DATE S	IGNED
	SIGNATURE		VV	1		M.D.	MEDICAL EX	bas				/	
I	EXAMINER'S		Roye	1/			NT MEDICA			Janu	arvz	5/1	962
-	NAME (Type)	07 Camder		The second secon			MEDICAL E		LXI		-		,,,,,
12	REMOVAL (Specify)			22c. NAME OF CEM					ATION (City, tow	n, or coun	ty)	(Stote)
	Burial 3. FUNERAL DIRECTOR	Jan. 25	1962	Wicomic	o Me	moria]			alisbu		aryla		
1.			, CIA		B// A TO T =	T 4 377		BY REGIS			SIGNATUI	KE.	
	HOLLOWAY	& COMPAN	. SA	LISBURY,	MARY	LAND	DATEN	3 0 '62	100	ing 8	Thous		

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is a Dispersion of Female A. M. missioner.	
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) e. COUNTY e. STATE b. COUNTY Wicomico Files. Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest lown) Salisbury Showell. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? retained he State Peninsula General Hospital YES NO W 3 to the fun death. NAME OF Middla last 4. DATE Month Dev Year DECEASED OF the (Type or print) Clifford DEATH Calvin Bell 1-6-62 19 with 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED AGE (In years I 2 with last birthdey) Months Deys Hours Min. WIDOWED T DIVORCED Page 5 r 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Pages 1 Vivainia pages PM3. 13. FATHER'S NAME E G EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. | 17. (Yes, no. or unkowa) permit. (If yes give war or detes of service) -0904 18. CAUSE OF DEATH |Enter only one cause par line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (+) Crushed chest. Sudden Office DUE TO burial removal, Conditions, if eny, which (b) geve rise to immediate cause S 0 DUE TO (e), steting the underlying SB Examiner cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19. WAS AUTOPSY CERTIFICATION 2 cremati PERFORMED? the word Medical should be NOTE 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Entar nature of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Chief that ran off road and overturned. bur Month, Day, Year rwarded to the Chi 20c. TIME OF INJURY 20d. INJURY OCCURRED 1-20e, PLACE OF INJURY (Home, farm, ! 2Df. (City or town) (County) (Stata) 0 factory, street, office bldg., atc.) Whila Not While 7-16-6 W work at work prior Willards Wicomico 21. I certify that I took charge of the remains described above, held an Autopsy Inspection V Inquiry | V and in my opinion MEDICAL death resulted from: A Natural causes Accident Suicide Homicide Undetermined manner forward e the CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE Royer, DEPUTY MEDICAL EXAMINER 1-10-62 Far M.D. EXAMINER'S DEPU NAME (Type) Camden Salisbur Waddre Street, city, town, or county) is. 22a. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY DATE THEREOF 22d. LOCATION (City, town, or country) (State) REMOVALN Specify) ö 40 FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME JAN 1 2 '62 5M 9/6D

MARYLAND STATE DEPARTMENT OF HEALTH

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after d in by the funeral TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 is death. Part may be retained by the hospital or attending physician.

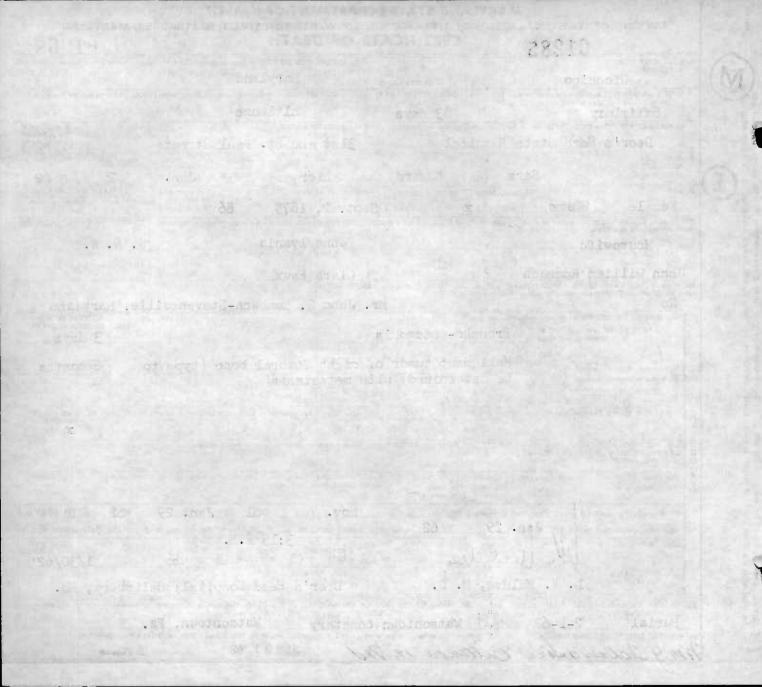
S > TO FUNE DIRECTOR: After this certificate has been signed by the attending physician and completely in by dinector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and director, page 3 should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after degree and director directors. MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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71285	CERTIFIC	ATE OF	DEATH	

e. COUNTY			a. STATE Mos		sed lived, If institution b. COUNTY	n: Residence	before admission)
	omico	MARYLAND		ryland			V
b. CITY OR TOWN (if	outside corporete limits, give neerest town)	c. LENGTH OF STAY IN 16		(If outside corporate	e limits, write RURAL	end give ne	earest town)
Salisbu	ry	83 days	Bal	timore		3 V	01-4
d. NAME OF HOSPIT	AL OR INSTITUTION (if not in he	ospital, give street address)	d. STREET ADDRES	S			e. IS RESIDENCE ON A FARM?
Deer's	Head State Hos	spital	31st and 3	St. Paul S	Streets		YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Dey	Yaer
(Type or print)	Sara	Howard	Bier	DEATH	Jan.	29	19 62
5. SEX	6. COLOR OR RACE 7. MARR	IED NEVER MARRIED 1 8	, DATE OF BIRTH		GE (In yaers IF UND		IF UNDER 24 HRS.
Female	White widow	DIVORCED S	ept. 2, 1879	86	st birthdey) Month		Hours Min.
10e. USUAL OCCUPATION done during most of wor	ON (Give kind of work ling life, even if retired)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Co	unty & Stete, or fore	ign country) 12.	CITIZEN OF	WHAT COUNTRY?
Housew			Pennsylvan	nia	U.	S. A	
13. FATHER'S NAME			14. MOTHER'S MAIDE				
John Willi	am Romhach		Clara Faux	v			
15. WAS DECEASED EVE	R IN U.S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.		^	Address		
(Yes, no, or unkown) (If	yes give wer or dates of sarvice)	Ma	John C D	ambook Cto		Man	
	EATH [Enter only one cause per		. John S. Ro	Jillua CII-5 CE	SAGUSATTTE		Y LA TIO
	LIVAS CAUSED BY						SET AND DEATH
	MMEDIATE CAUSE (e) DIO	ncho-pneumonia			107-104	3	days
14	DUE TO Man	d			,		
Conditions, if eny	which (b) Mal	ignant tumor of	right femo	ral bone	(type to	6	months
geve rise to immedie (a), stating the ur	ete ceuse DUE TO	determined) wit	ch metastasi	S			
ceuse lest.	(c)						
Z PART II. OTHER		NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERA	AINAL DISEASE COM	NDITION GIVEN IN F	ART 1(e) 19	, WAS AUTOPSY
OIL						V	PERFORMED?
PART II. OTHER OF THE PART II. OTHER OF THE PART II. OTHER OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING	S LINDERLYING TO 1 20h DE	SCRIBE HOW INJURY OCCURED	/Enter nature of Injury	in Part I or Part II of	itam 18 \	- '	3 2 10 1
OR CONTRIBUTING	CAUSE OF DEATH	SCRIBE HOW HAJOR! OCCORED	. (Enter notate of injury	in tent to ten h or	10.,		
	MEDICAL EXAMINER)						
2Dc. TIME OF INJUI	RY Month, Dey, Year 2Dd		CE OF INJURY (Home, fe fory, street, office bldg., e		town) ((County)	(Stata)
p.m.	19 at wo						
21. I certify th	at (I) (this hospital) atte	nded the deceased from.	Nov. 7	1961, toJ	an. 29	1962 , th	at (I) (we) last
		19.62., and that					
22e. SIGNATURE	111		3:	15 P.M.			22b. DATE
	1/1/11.0	(Vs	ATTENDING	MED.	STAFF		SIGNED
22c. PHYSICIAN'S	Vi Vac	Marie M	22d. ADDRESS	DIRECTOR	. 00		L/30/62
NAME (Type)	L. V. Maldve	. M. D.		Head Hospi	tal. Sali	chumr	M
					7		
23a. BURIAL, CREMATIC REMOVAL (Specify)	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY			ON (City, town or co	ounty)	(State)
Burial	2-1-62	Watsontown 1	Cemetery		own, Pa.		
24 FUNERAL DIRECTOR		ADDRESS		EC'D BY REGISTRAL	R 25b. REGISTRAI	e's signati	JRE
Wm 9 Tick	nerdesons Ba	Marie 17, 71	Col. DATE	131 '62	war S.	Thus	
-0							



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Parties may be retained by the hospital or attending physician.

TO FUNE:

DIRECTOR: After this certificate has been signed by the attending physician and completely din by the funeral director, page: 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. 0 VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

U1200 Ttoms	S & G Film CZ	OF DEATH	2 . 1	(1)	1960
1. PLACE OF DEATH	7 × 0 11111 G9	2. USUAL RESIDEN	ICE (Where dacaased livad,	, If institution: Residance	before admission)
a. COUNTY		a. STATE		DUNTY	
b. CITY OR TOWN (if outside corporate limits,	MARYLAND c. LENGTH OF STAY IN 1b	Mary	Land W1 ((If outside corporate limits, w	comico	earact town)
write RURAL and giva nearast fown)	C. LENGTH OF STAT IN ID	12	(ii ouisida corporala milis, +	rina KOKAL and give in	parasi town;
Salisbury		Salisbu	ry		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pital, give straet address)	d. STREET ADDRESS			a. IS RESIDENCE ON A FARM?
I009 N. Divison St.		1009 N	. Divison S	2+	YES NO X
3. NAME OF First DECEASED	Middle	Last		onth Day	Year
(Type or print) Marv	n p:	nalshand	DEATH nuary	. 15	182
E SEV		DATE OF BIRTH			IF UNDER 24 HRS.
			last birthda		Hours Min.
Female Color & WIDOWE	7	tober 20,			WHAT COUNTRY
done during most of working lifa, even if retired)	IND OF BUSINESS OR INDUSTRY	II. BIKIMPLACE (Cou	nry & State, or toreign count	ity) 12. CITIZEN OF	WHAT COUNTRY?
House wife		Mar	vland	U.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
Elisha Dixon		Ann	Parker		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. II	NFORMANT	Add	rass	4
(Yes, no, or unkown) (Ifyasgive war or dates of service)	Nel	Pin bl	1 - 11000	and!	- 1-
18. CAUSE OF DEATH [Enter only one cause per l	Jens	Nurcal	read 100%	1. DIVISI	DVAL DETWEEN
PART I. DEATH WAS CAUSED BY:	ina for (a), (b), and (c).)	· re	1	ONS	SET AND DEATH
IMMEDIATE CAUSE (a)	Уандини	regu c	9		
50 DUE TO	/	-	0		
Conditions, if any, which (b)	anteres.	chrone			
gave rise to immediate cause	C				
(a), stating the underlying DUE TO					
cause lest. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITION	GIVEN IN PART 1(a) 19	PERFORMED?
<u> </u>				Y	ES NO
	CRIBE HOW INJURY OCCURED.	(Enter natura of injury in	Part I or Pert II of item 1B.)		
OR CONTRIBUTING CAUSE OF DEATH					
	INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, far	m, ' 20f. (City or town)	(County)	(State)
20c. TIME OF INJURY Month, Day, Year 20d. While st wor	1. 1	ory, street, office bldg., at		(County)	(31818)
¥ p.m. 19 af wor				de automotivo	
21. I certify that (I) (this hospital) attended	ded the deceased from		1950 to 1-1	J 196 27	at (I) (we) last
saw the deceased alive on	1 1.				.,,,
22a, SIGNATURE				or and on mo day	22b. DATE
1706	-1/	011110	MED. STAFF		SIGNED
- uena fu	M.		DIRECTOR PHYS.		
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS			
NOTE THE PARTY T	LOS MANE OF CENTERNY	OR CREWATORY	LOSA LOCATION (Ch.		((()
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spacify)	23c. NAME OF CEMETERY C	JK CKEMATOKI	23d. LOCATION (City,	town or county)	(Stata)
burial 1/19/1962	Green acre	98	Salish	IPV Vd	
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	/ 25a. RE	C'D BY REGISTRAR 256.	REGISTRAR'S SIGNATI	
Chritin F. Stillast	Salis - C	MA, DATE	JAN 2 2 '62	Chillian S. How	refS
	7	791			

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY cmicc the 1 MARYLAND b. CITY OR TOWN (if outside corporafe limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) d. NAME OF HOSPITAL-OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO completel 3. NAME OF 4. DATE Month Day DECEASED OF (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED THEVER MARRIED 5 SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and Months Hours WIDOWED [DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work done during most of working lift, even if retired) 10b, KIND OF BUSINESS OR INDUSTRY & State, or for 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NA 14. MOTHER'S MAIDEN NAME aftending and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMAN Address nkown) | (If yes give war or dates of service 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediata cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 1 20a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., atc.) While Not While Hour a.m. at work at work p.m saw the deceased alive on..... 22b. DATE 22a. SIGNATURE ATTENDING SIGNED MED STAFF PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) FUNE filed v BURIAL, CREMATION, 284 NAME OF COMETERY OR CREMATORY LOCATION ICH DATE THEREO (Stata REMOVAL (Speedy) di. OI 24 BUMERAL DIRECTORS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) JAN 2 4 Uniting S. Thank 15M 9/60 DATE

MARYLAND STATE DEPARTMENT OF HEALTH

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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Part may be retained by the hospital or attending physician.
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

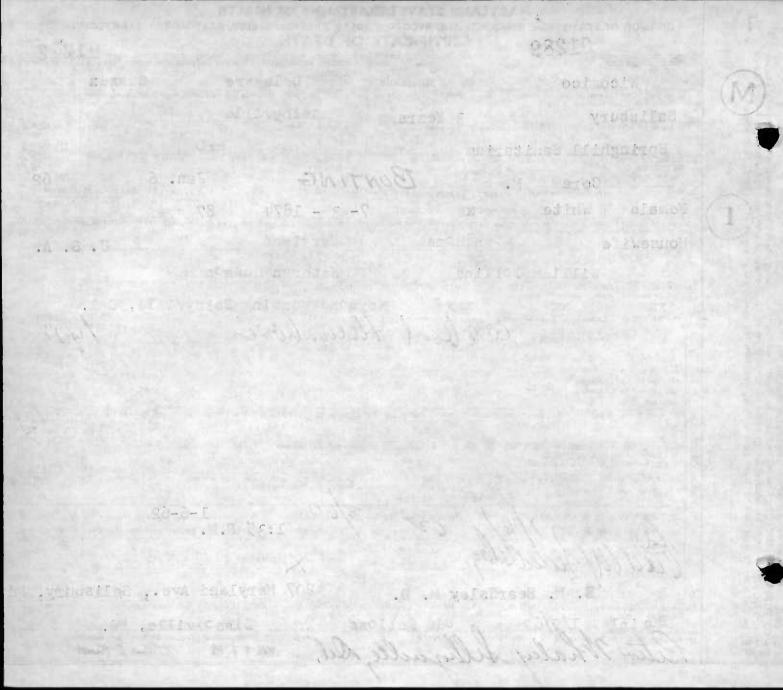
_	U1288				11971
	PLACE OF DEATH		2. USUAL RESIDENCE (Wh		Rasidence belore admission)
100	. COUNTY	TO CONTROL STATE	a. STATE	b. COUNTY	•
1_4	VICOMICO	MARYLAND	maryLand		62n1c0
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY ORNOWN (If outside	e corporate limits, writa RURAL	and give naarest town)
	/ / ' - /	Lix	12m . 1.1.11 =	Samine	Russ
-	Jal 15 BUPY	July	VIII TOPLE	OPPINGS	•. IS RESIDENCE
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hose	oital, give street address)	d. STREET ADDRESS		ON A FARM?
16	enix su La Menei	-1			YES TO NO
1/2	NAME OF First	Middle	Last 4. DJ	TE Month	Day Year
3.	DECEASED 7	Middle	OI		20,
	(Type or print) Markada FI	a chath I	2-011/2 DI	EATH I anwary	13 1962
5	SEX 6. COLOR OR RACE 7 MADDIES	THE WASSIED	8. DATE OF BIRTH	19. AGE (In yeers IF UNDE	RI YEAR IF UNDER 24 HRS.
Ĭ.,	6. COLOR OR RACE 7. MARRIES	NEVER MARRIED	1-130	lantinthday) Months	Days Hours Min.
IF	EMALE NEGRO WIDOWE	DIVORCED [1843	GO yrs.	
10a	. USUAL OCCUPATION (Give kind of work 10b. KI	ND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (County & Sta	ite, or foreign country) 12. (ITIZEN OF WHAT COUNTRY?
do	negduring most of working life, even if retired)		1000	-	(0)
10	Lamestin 10	V NU	Shorpite	or 1	4017
13.	FALVER'S NAME		14. MOTHER'S MADEN NAME	,	
	5 - 51 - UB.		1 1 1 00 a	y maria	•
	Neo Hopens		couleux	Crurae	
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16	SOCIETY NO. 17.	INFORMANT	Address	
1,10	s, no, or discovin) (in yes gradwar or dates orse race)		VY MO. XI	aslio-	
-	1B. CAUSE OF DEATH [Enter only one cause per A	he for (n) (h) and (c) 1			INTERVAL BETWEEN
		111/11/11/11/11/11/11/11	No. a lle		ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	vere god	orio numo	ushlill	
				1 / 1	
	J. DUE TO	11 pink ma	111101	& MAN.	most
	Conditions, if any which (b)	reveron	may 124	ville	11101000
	gava rise to immadiate cause DUE TO		/)		
	(a), stating the underlying				
	PART II. OTHER SIGNIFICANT CONDITIONS CON	ITDIDITING TO DEATH BUT N	OT BELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN DA	PT 1(a) 1 19 WAS ALITOPSY
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CON	IKIBUTING TO DEATH BUT IN	OF RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN TA	PERFORMED?
A					YES NO
I E	20a. ACCIDENT WAS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURE	D. (Enter natura of injury in Part I or	Part II of item 18.)	
ER	OR CONTRIBUTING CAUSE OF DEATH				
	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
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MEDICAL	Hour a.m. While		ciory, street, office bidg., etc.)		
Z	p.m. 19 at wor	, [] a. #oik []	1.11.	1111	19/
	21. I certify that (I) (this hospital) attended	ded the deceased from	19	, to	19 Q., that (I) (we) last
	saw the deceased alive on 111	19 GY and the	at death occured at 12.5M,	from the causes and or	the date stated above.
	228. SIGNAPURE I M	7			22b. DATE
	128. SIGNATURE 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ATTENDING MED.	STAFF	SIGNED
	Muchille		M.D. PHYS. DIRECTO	OR PHYS.	11/368
	22c. PHYSIGIAN'S	1	22d. ADDRESS	11 1	1/5.7 IN.
	NAME (Type) HHDYE	10	1100,001	LATHER DO	MIMBURILLA
-		100 Charles Courter	OD CREWATOR	LOCATION City, fown or co	unty) //(State)
23	BURIAL, CREMATION, 23b. DATE THEREOF	23c. WAME OF CEMETERY	DK CKEMATOR) 238.	THE TOWN OF CO.	an all (State)
1.1	Lucial 1-11-62	Thorpes	wx lem	arphon	rra.
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS //	2Sa. REC'D AY	REGISTRAR 256. REGISTRAR	'S SIGNATURE
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01280 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission 1. PLACE OF DEATH a. COUNTY b. COUNTY Suxxex elaware Wicomico MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL end give nearest town) Selbyville Salisbury Years IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES NO Sanitarium completely 4. DATE Month Year 3. NAME OF Middle paper DECEASED DEATH 62 (Type or print) 19 Jan. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. carbon COLOR OR RACE | 7. MARRIED | NEVER MARRIED 8. DATE OF BIRTH last birthdey) Months and White Female WIDOWED T DIVORCED 12, CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) physician remove done during most of working life, even if retired) Own Home Marvland Housewife U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending William Collins Kathryn Hudson 16. SOCIAL SECURITY NO. | 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (Ifyes give wer or detes of service Raymond Bunting Selbyville, Del. XXXX XX INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (aff (b), and (cf.) LAND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO ending Conditions, if any, which' (b) gave rise to immediate ceuse DUE TO (a), stating the underlying ceuse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY CERTIFICATION PERFORMED? 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20f. (City or town) (County) (Steta) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20c. TIME OF INJURY Month, Day, Yeer fectory, street, office bldg., etc.) While Not While Hour a.m. et work et work DIRECTOR: 3 should be to 1-6-62 19 that (I) (we) last 19 21. I certify that (i) (this hospital) attended the deceased from 192. and that death occurred at 1.3.3 f Bro Me causes and on the date stated above. deceased alive 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS HOSPIT NAME (Type) death. Par pa Maryland Ave., Salisbury, Beardsley M. D. director, be filed 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. Fellows 08 8 Bish on ville. Md. TO 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) arthur 8. Kriss 15M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH

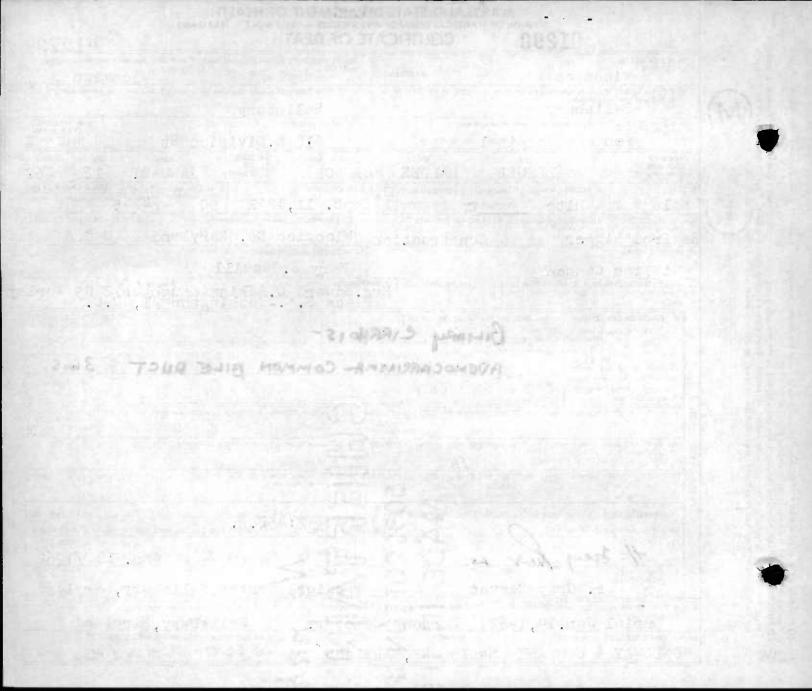


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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

OR INSTITUTION Pen Gen Hospital 618 S.Division St ON A F YES 3. NAME OF DECEASED (Type or print) 5. SEX	7:2	11197				OF DEATH	FICATE	CERTII		01290	Charles at the	
RURAL and give nearest lown) d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Pen Gen Hospital 3. NAME OF DECEASED (Type or print) EMUEL MALONE CANNON 6. COLOR OR RACE White Widowed To Divorced Non-lin Day Yes DEATH JANUARY 16. 15 SEX 6. COLOR OR RACE White Widowed To Divorced Non-lin Day Yes DEATH JANUARY 16. 15 SEX Month Ost birthday) Ost birthday	on)					STATE	- 1	MAR		mico	a COUNTY	1. [
OR INSTITUTION Pen Gen Hospital 618 S.Division St ON A F YES 3. NAME OF DECEASED (Type or print) 5. SEX COLOR OR RACE White WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED 100. USUAL OCCUPATION (Give kind of wark done during most of working life, even if refired) Retired "Rigger" 100. USUAL OCCUPATION (Give kind of wark done during most of working life, even if refired) Retired "Rigger" 101. BIRTHPLACE (State or foreign country) Construction 102. CITIZEN OF WHAT CO Wicomico Co. Maryland USA 103. FATHER'S NAME William Cannon 104. MOTHER'S MAIDEN NAME William Cannon 105. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes., no, or unknown) (If yes., give war or dates of service) 106. SOCIAL SECURITY NO. 107. INFORMANT Mary E. Gaskill 108. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]		sarest town)	RAL ond give n	limits, write RU		6 -	Y IN 1b	:. LENGTH OF STAY	ts, write	st town)	RURAL and give nea	1
DECEASED (Type or print) LEMUEL MALONE CANNON DEATH JANUARY 16 15	FARM?	e. IS RESID ON A F YES		on St	Divis		1	dress)			OR INSTITUTION	(
Male White WIDOWED DIVORCED Sept. 11,1871 Po yrs. Months Poys Hours Non Indian Cannon 100. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired) Retired "Rigger" Construction Wicomico Co. Maryland USA 14. Mother's Maiden NAME William Cannon 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No If yes, give war or dates of service) 16. SOCIAL SECURITY NO. INFORMANT No If yes, give war or dates of service) 18. CAUSE OF DEATH [Enter anly one couse per line for (o), (b), ond (c).]	ear 9 62	16 19	RY	JANUA	OF DEATH						DECEASED	
during most of working life, even if retired) Retired "Rigger" Construction Wicomico Co. Maryland U.S.A 13. FATHER'S NAME William Cannon Mary E. Gaskill 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes., op. or unknown) (If yes. give war or dates of service) No (If yes. give war or dates of service) 18. CAUSE OF DEATH [Enter anly one couse per line for (o), (b), ond (c).] Wicomico Co. Maryland U.S.A Wicomico Co. Maryland U.S.A It. MOTHER'S MAIDEN NAME Mary E. Gaskill Mrs. Edward C. Adkins (Daughter) 2405 F. Place S.E Washington 21, D.C. INTERVAL BETT. (ON) (STEEL AND D. CONSET AN	Min.			st birthday)	71 9							
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21. I certify that (I) (this hospital) attended the deceased fram	abave DATE SIGNED 62	22b.	on the do	TAFF	D. RECTOR	ATTENDING NO D	d that deat		2	alive an Ke	21. I certify that saw the decease 22a. SIGNATURE	
23d. SURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) Parsons Cemetery Salisbury, Maryland)	(State)			_					_	Ba. BURIAL, CREMATION REMOVAL (Specify) BURISI	23a
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 250. REC'D BY REGISTRAR 255. REGISTRAR'S SIGNATURE HOT LOWAY & COMPANY SALTSBURY MARYLAND DATE JAN 2 2 '62		URE	TRAR'S SIGNAT	25b. REGIST	BY REGISTR		T MADSES		v C			



DIVISION OF STATISTICAL RESEARCH AND RECORDS 01 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE C OF DEATH funeral within 24 hours after PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) a. COUNTY b. COUNTY Caroline Maryland Wicomico 42 d MARYLAND by th b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL and give nearast town) Preston 738 after Salisbury days .⊑ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS hours Deer's Head State Hospital that the death certificate be executed completely NAME OF Middle Last 4. DATE Month 72 DECEASED OF (Type or print) Winfield Dewey Chambers DEATH January within carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | 5. SEX and last birthdey) Months Dis. Male White 1898 event, WIDOWED X DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & Stete, or foreign country) done during most of working life, even if retired) Bascomb Chambers Lumber Caroline
14. MOTHER'S MAIDEN NAME US 13. FATHER'S NAME please .⊑ aftending and Ida Todd Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT removal, (Yas, no, or unkown) | (If yas give wer or detes of service) ng physician. signed by the a no 213-16-8296 Mrs. Audrey Lee Webster 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: Carcinoma of left lung IMMEDIATE CAUSE (e) the burial-transit DUE TO attending Conditions, if any, which (b) certificate has been geve rise to Immediate cause DUE TO (a), steting the underlying cousa last. hospital or PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION as Nephrosclerosis, arteriolar use prior 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH for After this detached retained by 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY 20f. (City or town) (County) Month, Dev. Yeer factory, street, office bldg., etc.) While Not While Hour a.m. at work at work DIRECTOR: / 3 should be det p.m. 21. I certify that (I) (this hospital) attended the deceased from August 31..., 19.61 to January 16962, that (I) (we) last saw the deceased alive on. Jan. 15 22a. SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22d. ADDRESS fo Hos. Pac death. Pac 22c. PHYSICIAN'S NAME (Type) Juerman, M. D. Deer's Head Hospital: Salisbury, Md. 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Oip & Jr. O. U. A. M PRESTON, MO. 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) JAN 1 9 '62 DATE 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

a. IS RESIDENCE

YES NO

Year

19

INTERVAL BETWEEN

ONSET AND DEATH

years

PERFORMED?

(Stete)

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(State)

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IF UNDER 24 HRS.

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ON A FARM?

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) 1. PLACE OF DEATH e. COUNTY b. COUNTY Wi comico Wicomico Maryland MARYLAND b, CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest lown) and Salisbury þ Salisbury 365 days 2 e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS ON A FARM? Deer's Head State Hospital 623 Lake Street YES NO papers. n 72 ho completely executed 3. NAME OF 4. DATE Month Year Middle DECEASED Corbin 62 January (Type or print) Rov James DEATH 19 IF UNDER 24 HRS. carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR) and billhdey) Months Male Colored WIDOWED T DIVORCED 12. CITIZEN OF WHAT COUNTRY? physician 10a. USUAL OCCUPATION (Give kind of work done being most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 111. BIRTHPLACE (County & Stete, or foreign country) remove any 13 FATHER'S NAME please ding WAS DECEASED EYEL IN U.S. ARMED FORCES? aften 16. Then (Yes, no. or unkown) the INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c), ONSET AND DEATH signed by CEREBRAL THROMBOSIS CURRENT PART I. DEATH WAS CAUSED BY: 5 nzin IMMEDIATE CAUSE (e) burial-transit DUE TO Arteriosclerosis general Conditions, if eny, which gave rise to immediate cause DUE TO (e), stelling the underlying has certificate ha PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION PERFORMED? 0 NO T 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury In Part I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (State) 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Year factory, street, office bldg., etc.) While Not While Hour e.m et work | et work D.m 21. I certify that (I) (this hospital) attended the deceased from Jan. 10, 19.61 to Jan. 10....., 19.62, that (I) (we) last 22b. DATE 22e. SIGNATURE OR 162 SIGNED ATTENDING ulruan DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S Juerman, M. D. Deer's Head State Hospital; Salisbury, Md. NAME (Type) death. Par director, be filed (State) 234. NAME OF CEMERRY OR CREMATORY 23d. /LOCATION (City, town or county) BURIAL, CREMATION, 236, DATE THEREOF REMOVAL (Specify) 250. REC'D BY REGISTRAR | 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS **VR A15 (4)** 15M 9/60 MA DATE

MARYLAND STATE DEPARTMENT OF HEALTH

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ed in by the funeral

The law requires that the death certificate be executed within 24 hours after

L. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour may be retained by the hospital or attending physician.

L. DIRECTOR: After this certificate has been signed by the attending physician and completely a line by the 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Process 1 and 2 in the State Dept. of Health prior to burial, gremation, or removal, and in any event, within 72 hours after death.

death. Parties of death. Parties of the To Fune.

To Fune. Difference page 3 should be filed with the S

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

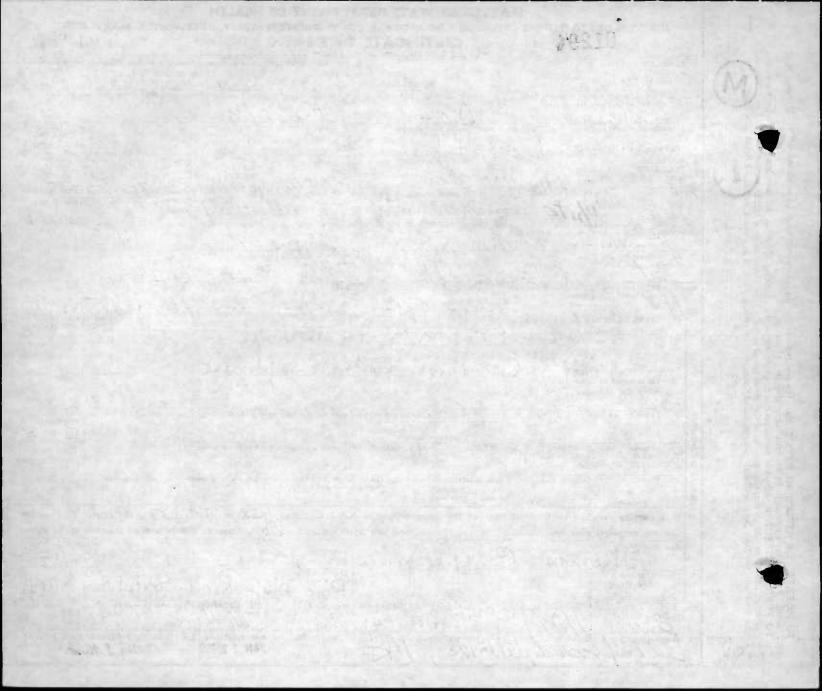
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IVI	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution	ion: Residence before admission)
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82	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address		a. IS RESIDENCE
	Peninsula General Hospit	PRITION DRIVE	YES NO
	3. NAME OF First Middle DECEASED	Last 4. DATE Month OF	Dey Year
	(Type or print) NAUDE ABBOTT	CUIVER DEATH JANUARY	28 1962
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNI	DER 1 YEAR IF UNDER 24 HRS.
	Female white widowed DIVORCE	D 720/1881 80 yrs.	
(-)	1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	R INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12.	. CITIZEN OF WHAT COUNTRY?
	HOUSEWIFE OWN HOM		U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	MERRILL Abbott	LILLY HUGHES	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, prankown) (Ifyesgivewerordatesofservice)	n h /	
	No - NONE	L. GORDY COLVER, SAMO	E
	1B. CAUSE OF DEATH Enter only one cause per line for (e), (b), end (c	c).]	ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	rdial Infarction	
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		OCCURED. (Enter neture of injury in Pert I or Pert II of item 1B.)	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED	2De. PLACE OF INJURY (Home, farm, fectory, street, office bldg., etc.)	(County) (Stete)
	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED While Not While Power of work 19 et work et work	rectory, street, office brdg., etc.)	
	21. I certify that (I) (this hespital) attended the deceased	d from Jung , 1956 to Jan 28,	19.6.2 that (I) (we) las
		and that death occured at	
	22e. SIGNATURE		72b. DATE
	Hamas C. Hill	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	1/28/62
1	22c. PHYSICIAN'S	22d. ADDRESS	11 /
ROS	NAME (TYPO) HOMAS C. HILL WR.	PINE BLUFF Rd, SAKIS	bury, Md.
		EMETERY OR CREMATORY 23d. LOCATION (City, town or c	county) (State)
	BURIAN /31/62 PARSON	NS CEMETERY SALISBURY	. Mo
0	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25% REC'D BY REGISTRAR 256. REGISTRA	AR'S SIGNATURE
S.	Hill & wohat soul Co. SALISh	URU Min DATE JAN 31 '62 Chilling	1 S. Krus

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MARYLAND STATE DEPARTMENT OF HEA

MARYL	AND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH	CERTIFICATE OF DEATH FILM GSUS - 1/24/62-map
PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmissi e. STATE b. COUNTY }

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
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(Type or print)	DAShiell DEATH JANUARY 17 1962
5. SEX 6. COLOR OR RACE 7 MADDIED NEVED MADDIED 8.	214 Off Torre
3. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	Months Deys Hours Min.
18)a/e WhITE WIDOWED DIVORCED	7 / 9 / 1 / 1 / 1 / Y tyrs.
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18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL/BETWEEN ONSET AND DEATH
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DUE TO CONSOLA CO	terio sclerosis
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geve rise to immediate ceuse (e), stating the underlying DUE TO	
couse last. (c)	
	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF THE THER, NOTIFY MEDICAL EXAMINER)	PERFORMED?
\displays	YES NO
200, ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in Pert I or Pert II of item 18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c, TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 20e. PLAG	CE OF INJURY (Home, ferm, † 2Df. (City or town) (County) (Stete)
	pry, street, office bldg., etc.)
p.m. 19 et work et work	
21. I certify that (I) (this hospital) attended the deceased from .:	JUNE 1958 to JAN 17, 1961, that (1) (we) las
	death occured at 6.5.M, from the causes and on the date stated above
	22b. DATE
220. SIGNATURE	ATTENDING MED STAFF , SIGNED
Tuomas C. July M. M.	D. PHYS. DIRECTOR PHYS. 17162
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type)	Pine Duff Road, Salispury, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c/ NAME OF CEMETERY C	OR CREMATORY 238. LOCATION (City, town or county) (State)
REMOVAL (Specify)	Day Solaton Ma
130x121 1/12/07 Micerice Le	m. 1210 Del 36014 110.
24 FUNERAL DIRECTOR'S SIGNATURE / ADDRESS MA	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
IN IN Joseph, DIVATED, IN	DATE JAN 2 2 '62 Thun S. Kings



he funeral directar, d by the haspital ar attending physician.

**ECTOR: After this certificate has been signed by the attending physician and campletely filled be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 of Health prior to burial, crematian, ar remaval, and in any event, within 72 haufs after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 80 TO FUNERAL RE page 3 shave by the State Board of TO HOSPITAL

VR A1S (4) 1SM 9/59

1, 1	L COUNTY			MARY		o STATE Maryl		ere deceased	b. COUNTY	on: Residen	ce betai	re odmiss	ion)
	Wicomic			100									
t	RURAL ond give ne Salisbu		its, write	Months	IN IB	Salis		utside corpoi	rate limits, write R	UKAL ond	give nea	irest town	,
(OR INSTITUTION	AL (If not in hospital, g	give street	oddress)		d. STREET A	DDRESS					e. IS RES	IDENCE FARM?
		Hill Priva	te Sa	natarium		414 F	inehu	ret Ar	ve				NO 🔀
3. 1	NAME OF	Fir		Middle		Las	t	4. DATE	Mar	ith	Da	y	Yeor
	DECEASED Type or print)	EDWARD		BREARWOO	D	DASHIEL	L	OF DEATH	Janua	ary	31		1962
S. S	EX	6. COLOR OR RACE	7. MARR	IED NEVER MARRI	ED 🔲 8.	DATE OF BIRTH			9. AGE (In years	IF UNDER			
	M	W	WIDOWE	DIVORCE	D 🔲	2/13/1	.898		lost birthday) 93 yrs.	Manths	Days	Hours	Min.
10a	USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS C	R INDUST	Y 11. BIRTHPL	ACE (State of	or foreign co	ountry)	12. CIT	ZEN OF	WHATC	OUNTRY?
	Accountan			ectrial Ut	ility	Mary	land			U.	. S.	. A.	
13.	FATHER'S NAME				7.11	14. MOTHER'S	MAIDEN N	AME					
	Andrew J.	Dashiell			100	La	ura N	ewton					
	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO). 17. INFO	DRMANT		NOTE	Add	ress			
1.00	No	— (green work or other or)	2	214-10-7958	Mr	s. Edwa	ard Da	shiel	1. Same		5115		BEEN!
		TH [Enter only one co	use per lin	ne for (o), (b), and (c)	4	0 -	1		ng .	0		ERVAL BE	
3	PART I. DEATH WAS CAUSED BY: ONSET AND DEATH SMEMBLATE CAUSE (a) Mysocardeal on facel , accel 5 menuses												
	DUE TO												
	Conditions if any orbits												
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	couse (a), stoting the <u>under-</u> lying couse lost.												
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY												
ATIO												PERFC	ORMED?
FIC	20a ACCIDENT WA	S LINIDERLYING T	Tonh DES	CRIBE HOW INJURY C	CCLIPPED	(Enter noture o	f injury in F	Part Lor Port	t II of item 18.)			152	NO Z
MEDICAL CERTIFICATION	OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	100. 023	CRIBE FIO W INJORT C	CCORRED.	Emer notice o		411 1 01 1 01					
CAI	20c. TIME OF INJUR	Y Month, Day, Ye		NJURY OCCURRED		E OF INJURY (or town)	(Caunty)	1	(State)
MED	Hour a.m. p.m.	19	While at war	Nat while	10010	17, 311661, 011166	bidg., cic.	1					
	21 certify tha	t (I) (this hospita	l) attend	led the deceased	from	6	196	6(.to_	1-31	196	2. th	of (II)	we) last
	saw the deceas		-31						the causes ar				
	22a. SIGNATURE												b. DATE
	122'26	leu O	2. 9	elles of	M.	D. PHYS.	G ME	RECTOR [STAFF PHYS.		2	T-9	L-SIGNED
	22c. PHYSICIAN'S NAME (Type)			1		22d. ADDRI	ESS	· W	, (7 /	11		1100
		UR B.	EL	Lis UV.		ME	DIEAL	- CRA	utice, o	Phi	560	r41	uno.
23a	BURIAL, CREMATIO	N, 23b. DATE THEREC	OF	23c. NAME OF CEM	ETERY OR	CREMATORY			TION (City, town,			(Stol	te)
	REMOVAL (Specify) Burial	2-3-1962	2	Wicomico	Memor	rial Pa	rk	Salis	bury, Ma	rylan	d		
24.	FUNERAL DIRECTOR	SSIGNATURE		ADDRESS			2Sa. REC'I	D BY REGIST		ISTRAR'S SI	GNATU	RE	
-	11:33 0 T.	hanna Co	Coli	abarane Maan	back		DATEER	6 '62	ant	hur & 3	Tenus		

and the manual of the state of South of the last owners are the contract of t the state of the s

þ carbon 5. SEX and physician 13. please aftending Then FUNER director, be filed H VR A15 (4)

15M 9/60

PRESTON STREET, BALTIMORE 1, MARYLAND **DIVISION OF STATISTICAL RESEARCH** CERTIFICATE OF DEATH 01296 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission 1. PLACE OF DEATH a. COUNTY b. COUNTY icomico MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town write RURAL and give pearast town) SOURY e. IS RESIDENCE NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADBRESS ON A FARM? YES NO ENIN NAME OF 4. DATE Dev OF DECEASED DEATH (Type or print) 19 IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH 9. AGE (In years | IF UNBER 1 YEAR last birthdey) Months Dave WIDOWED 1 12. CITIZEN OF WHAT COUNTRY? IDe. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) FATHER'S NAME (Yes, no, or unknown) | (If yes give war or dates of service INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause (a), steting the underlying WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PERFORMED? NO NO 2Db. DESCRIBE HOW INJURY OCCURED. (Enter netura of injury in Pert I or Pert II of item 18.) 2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (Stete) 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, form,) 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. at work et work saw the deceased alive on JAN, 20, 1962, and that death occured at 10,3% from the causes and on the date stated above. DATE 22a. SIGNATURE SIGNED ATTENDING PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL (Specify) 256. REGISTRAR'S SIGNATURE ADDRESS DATE JAN 2 5 '62 Cather & France

AND SECTION OF THE PROPERTY OF THE PARTY OF LE UNA SULTAN CE THESE PASSETT OF Partie The State of the State o Goods Will - - - - June 5, 1896 65 Merchant Store Keeping Salisbury amd. U.S. Ft. Byard Thomas West Hester Phippin Ho Harry T West, Chang, Md. Wm. B. Smith = Solisbury Mid Barrel 123, 62 Oriole Cemetery Oriole, Mid. Ferry 18 The Marin

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 01297

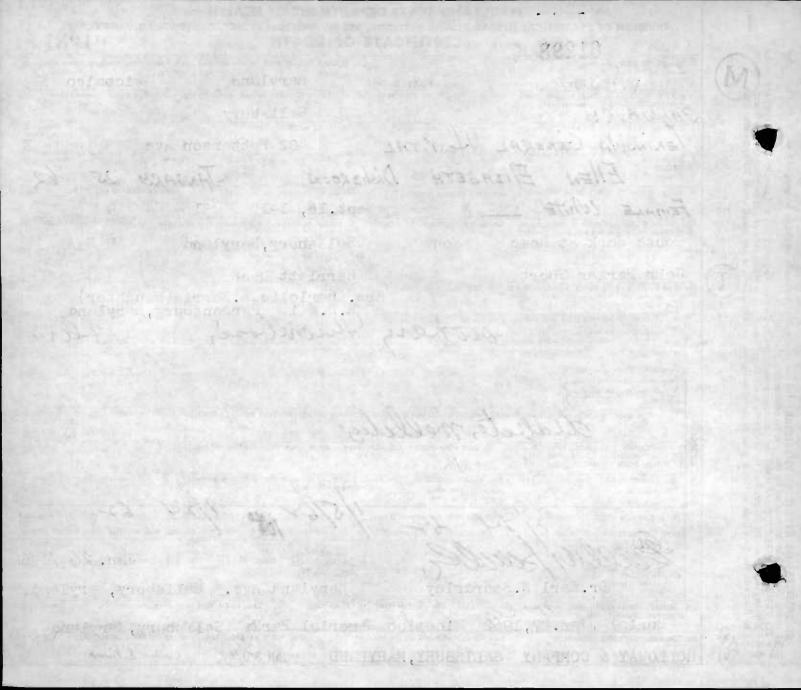
1. PLACE OF DEATH				2. USUAL RESIDE	NCE (Where decease			ce before a	dmission)
e. COUNTY	Omic O		MARYLAND	e. STATE	yland	b. COUNTY	Wicom	100	
	f outside corporate limit	ts.	c. LENGTH OF STAY IN 16		(If outside corporate	imits, write F			n)
write RURAL and	give nearast town)			V 10/2	177				
Wills	9.00		Life	d. STREET ADDRES	illards			I A IS RE	SIDENCE
d. NAME OF HOSPI	AL OR INSTITUTION (I	it not in hos	pitel, give street address)	d. SIRCEI ADDRES		X		ONA	FARM?
	XX					A		YES _	
3. NAME OF	First		Middle	Lest	4. DATE	Month	Day	Yeer	
(Typa or print)	George	_		Davis	DEATH J		27, 196		0.1.110.0
5. SEX Male	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	9. AG		Months Devs	Hours	Min.
	White	WIDOWE	DIVORCED DIV	March 18,		yrs.	Monins Deys	110013	74/1174
10e. USUAL OCCUPAT	ON (Give kind of work	10b. K	IND OF BUSINESS OR INDUST			n country)	12. CITIZEN C	F WHAT C	OUNTRY
dona during most of wo			9.44	25			TTOTA		
Farme	er		Retired	Marylar			USA		
IS. PATHER S NAME				14. MOTHER 3 MAIDE	14 147/112				
	eorge E.			Millie Di	lshroon				30.
15. WAS DECEASED EV (Yes, no, or unkown) (I			SOCIAL SECURITY NO. 17.	INFORMANT		Address			
XX	XX		17-36-1562	Gladys Co	Ombe W11	lards	EM e		
	The second secon		line for (e), (b), and (c).]	,	mp.0	_90 Girak Sidebi	IN	TERVAL BET	
PART I. DEAT	H WAS CAUSED BY:	ne	4 & M R rel to	roulous			2	ISET AND I	PEATH
11	IMMEDIATE CAUSE (e)	00	concert po	W-VIII				1000	
179	DUE TO								
Conditions, if eny	, which) (b)		V						
geve rise to immed	DUE TO								
(a), stating the u	nderlying								
	SIGNIFICANT CONDI		NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	MINAL DISEASE CONI	DITION GIVE	N IN PART 1(a)	19. WAS A	UTOPSY
ē l	C SIGNIFICANT CONDI	110113 501	THE STATE OF					PERFO	KWEDE
3								YES	NO N
	AS UNDERLYING CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY OCCURE	D. (Enter neture of injury i	in Pert I or Part II of it	em 18.)			
(IF EITHER, NOTIFY	MEDICAL EXAMINER)								
ZOC. TIME OF INJU	IRY Month, Dey, Ye	er 20d.		ACE OF INJURY (Home, fe		own)	(County)	1974	(State)
Y 20c. TIME OF INJU		Whil	e High As IIIIe	ctory, stre <u>et, office</u> -bldg., e	etc.)				
	19	et wo		A	12 1	2 4	/2-		
21. I certify	hat (I) (this pspi	ital) atter	ided the deceased from	fair 26	196.2-10.1a				
saw the decea	sed alive optai	227	19.62 and the	t death occured a.		causes a	and on the d	ate state	d above
22a. SIGNATURE	, (20)		V		/ wen	TAFF		22b	SIGNED
+VA	11 k den	111		M.D. PHYS.		TAFF HYS.			SIGIALL
22c. PHYSICIAN'S	var caree	90		22d. ADDRESS	1 . /		10		
NAME (Type)			Mall	ands 7	nory	tand		
				- Mar	23d. LOCATIO	N ICINITA	a accepted	IS	tata)
23a. BURIAL, CREMAT REMOVAL (Specify	1 10	REOF	New Hope	OR CREMATORY	Willa	rds,	Md.	(3	1010)
Burla	7 7 3	2/1	ADDRESS	A 105- 1	REC'D BY REGISTRAR	25h PEC	ISTRAR'S SIGNA	TURE	
24 FUNERAL DIRECTO	STANATURE	V. 111	ADDRESS	258.					
11/11/1	nally x	ull	yeur all	DATE	河 第 1 '62	C	Irthur & #	roud	

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OF	STA	TIS	STI	CA	L RESE	ARCH	AND	RECO	RDS,	301	w.	PRES	TON	STREET	, В

ALTIMORE 1, MARYLAND

01298 CERTIFICA	TE OF DEATH
1. PLACE OF DEATH a. COUNTY.	2. USUAL RESIDENCE (Whara dacassad livad, If institution, Residence before admission)
WICOMICO MARYLAND	a. STATE Maryland b. COUNTY Wicomico
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
SALISBURY	Salisbury
d. MAME OF HOSPITAL OR INSTITUTION (if not in hospital, gife straat address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
ENINSULA GENERAL HOSPITAL	402 Patterson Ave YES □ NO 🛛
	Sharoon Death JANUARY 25 1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
TEMALE WHITE WIDOWED DIVORCED	Sept. 16, 1910 51 yrs. 4 9 1000
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratired)	TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
House Work at Home None	Salishury, Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Parker Short	Harriett Shaw
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (Ifyesgivewarordatasofsarvice)	Informant Irs. Charlotte E. Morris (Daughter) R. D. # 1 Pensobshung Monvilend
18. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), and (c).]	R.D.# 1 Parsonsburg, Maryland
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	functioning Tells:
4201 DUE TO	
Conditions, if any, which (b)	
gava rise to immadiate causa (a), stating the underlying DUE TO	
causa last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH OF THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH OF THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH OF THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH OF THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH OF THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH OF THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH OF THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH OF THE PART II. OTHER SIGNIFICANT CONTRIBUTIONS C	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
11/ 44	ED. (Enter natura of injury in Part I or Part II of itam 18.)
	LACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) actory, street, office bldg., atc.)
21. I certify that (I) (this hospital) attended the deceased from	
saw the deceased alive on	at death occured at J.D.A.M., from the causes and on the date stated above
222 STRATURE CONTROLLAR SCHOOL	M.D. ATTENDING MED. PHYS. DIRECTOR PHYS. Jan. 26 / 196
NAME (Typa) Dr. Earl M. Beardsley	Maryland Ave. Salisbury, Maryland
23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Spacify) Burial Jan. 27, 1962 Wicomico	Y OR CREMATORY 23d. LOCATION (City, town or county) (State) Memorial Park Salisbury, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
HOLLOWAY & COMPANY SALISBURY MAE	PYTAND DATEIAN 30'62 Chilly & Thous



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01299 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whara deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. CITY OR TOWN (if outside corporate limits, Y OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND c. LENGTH OF STAY IN 16 writa RURAL and giva nearast town) 5a 415bury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet addrass) NAME OF DECEASED (Typa or print) B. DATE OF BIRTH 7. MARRIED NEVER MARRIED WIDOWED even 10a. USUAL OCCUPATION (Give kind of work dona during most of working life Avan if retired NOUSE WITE 10b. KIND OF BUSINESS OR INDUSTRY Avan if retired) Florida 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no. or unkown) [(If vasqive war or dates of sarvice) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave risa to immadiata causa DUE TO (a), stating the underlying causa last. 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year While Not Whila Hour a.m. at work at work The deceased alive on. 226 SIGNATURE

Hattie Austin INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY PERFORMED? NO P 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part t or Part II of item 18.) 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) factory, straat, office bldg., atc.) 19. ..., that (I) (we) last and that death occured at 2.2M, from the causes and on the date stated above. PATE SIGNED ATTENDING MED STAFF DIRECTOR PHYS. PHYS. M.D. PHYSICIAN'S 22d. ADDRESS NAME (Typa) 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stata) REMOVAL (Specify) Salisbury Md. Green burialI 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE JAN 2 2 '62 arthur S. Thanks DATE

b. COUNTY

GE (In years | IF UNDER 1 YEAR

Months

ast birthday)

& Stata, or foraign country)

OF

DEATH

a. IS RESIDENCE ON A FARM? YES NO

19 6 2-

IF UNDER 24 HRS.

Hours

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

funeral within complet carbon and certificate be physician remove please ding affen Then signed burial-transit peen has the certificate may b death. Par O FUNER TO FC. VR A15 (4)

15M 9/60

00810 021112017 M macrosad Williams A draggery 55 Les Marie Lings Hard The service of the Romand Advertal Literson January 17 62 AMMA 1.8- (0. 11.7) Frank - Megro 11-11-11 aloso alcon _____saltabury No. Sorrall 7 == / : 8, 55 vices acres

I AND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND 01300 OF DEATH funeral 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) 1. PLACE OF DEATH a. CQUNTY , b. COUNTY MARYLAND NICOMICO by the WICOMIEO MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b b. CITY OR TOWN (if outside corporate limits. write RURAL and give nearest town) SALISBUR 2. a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES NO ENIN SULA completer DATE Year Day 3. NAME OF 4. Month OF DECEASED (Typa or print) DEATH 19 62 JANUARY AGE (In years INF UNDER 1 YEAR) IF UNDER 24 HRS. carbon 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH 5. SEX last birthday) and Months Days Hours WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? physician USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) dona during most of working life, even if ratired 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME please attending Then please .5 and 16. SOCIAL SECURITY NO. Address 15 WAS DECEASED EVEN IN ILS APMED FORCES? 17 INFORMANT (Yes, no. er-unkown) | (If yes give war or dates of servica) removal the INTERVAL BETWEEN permit. 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which peen gave rise to immediate cause DUE TO (a), stating the underlying ceuse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY hospital or certificate PERFORMEO? as NO (-20a. ACCIDENT WAS UNDERLYING [] seluous oteleguary 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (County) (Stata) 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year DIRECTOR: After 3 should be factory, street, office bldg., etc.) Not Whila While Hour a.m. at work at work 1222 to 1603, and that death occurred de 6. M., from the causes and on the date stated above. saw the deceased alive on........ 22b. DATE 22a. SIGNAJURE SIGNED ATTENDING ō DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S death. Par TO FUNER director, par be filed with NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county) (Stata) 236. BURIAL, CREMATION, 23b. DATE THEREOF KIVERTON Church REMOVAL (Specify) KIUCATON 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE JAN 2 5 '62 Cirillian S. Thrank

RYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

11285

02002	
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission)
. COUNTY WICOMICO MARYLAN	b. COUNTY
b. CITY OR TOWN (if outside corporate limits, c. LENGTH, QF STAY IN	
write RURAL end give neerest town)	5-11.31.19
SALIS BURY 1 1774.	J 2/150 UFY
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
TENINSULA GENERAL HOSPITAL	602 LIDELTY / YES NO
S. NAME OF First Middle DECEASED	Last 4. DATE (Month Day Year
(Type or print) Le 111 Edward	EURE DEATH TANUARY 24 1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
MAle white WIDOWED DIVORCED	9/21/1907 Sast birthday) Months Days Hours Min.
1Da. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDI	ISTAY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired	115
13. PATHER'S NAME	14. MOTHER'S MAIDEN NAME
10. TATILE S HAME	14. MOTHER S MADER NAME
1 Jaunay Lute	
	7. INFORMANT Address of LIBERTY OF
(Yes, no, or unkown) (Ifyesgivewarordatesofservice)	Mario Horth Frus = 2/560 W MA
A8. CAUSE OF DEATH [Enter only one cause portine for [a]] [by and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a)	Remorkage 3 un
DUE TO	
Conditions, if any, which (b)	
gave rise to immediate cause	
(e), stating the underlying DUE TO	
cause last. (c)	
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
TA TO	YES NO O
20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	IRED. (Enter nature of injury in Part I or Part II of item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De.	PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 2De. Hour a.m. 19 at work at work	fectory, street, office bldg., etc.)
	om
saw the deceased alive on	that death occured a M, from the causes and on the date stated above.
22e. SIGNATURE	22b. DATE
- He O les trades	M.D. PHYS. MED. STAFF PHYS.
22c. PHYSICIAN'S	22d. ADDRESS
NAME (TYPH, P.P. A. INSTRY	Solishere Md.
238. BURIAL, CREMATION, 23b. DATE THEREOF 23c., NAME OF CEMET	RY OR CREMATORY / 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify)	2 Parklas 5 all-lien MA
120x191 1/4/100 MIN. 16	m. 104/16/4. Jan. Jan. 20120 111 1111.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE On the state of the state
1 1010000	/ /V DAIL

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	MARYLAND	STATE DEP	ARTMENT	OF	HEALTH
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

7		01303		CERTIFI	CATE	OF DE	ATH	•			1)	198	6 -
	ACE OF DEATI	1			2.	USUAL RES	SIDEN	CE (Where de	eceesed lived, If		Residanc	e bafore a	dmission)
a.	COUNTY	Wicomico		MARYI	LAND	a. STATE	Mar	vland	b. COUN		ieen	Anne	
ь.		if outside corporete limit	5, c.	LENGTH OF STA		c. CITY OR T		s/	orate limits, write	RURAL	nd give n	eerest tow	n)
	write RURAL end	Salisbury	},Y	rs. 5Mos.	15Days	3	Mil	lingto	n		121	1.2	
d,	NAME OF HOSPI	TAL OR INSTITUTION (- 1	d. STREET AD		TITIE OO	7.1				SIDENCE
		Deer's Head	State	Hospital					· max			YES T	NO X
	AME OF	First	2 0000	Middle		Last		4. DATE	Month	1	Dey	Yeer	
	PECEASED (pa or print)	Ana	2.0			Evere	t.t.	OF DEATH	Inn	10777	8	19	62
5. SE	X	6. COLOR OR RACE		NEVER MARRIED	D B. D	ATE OF BIRTH	00	9	. AGE (In years		-	IF UNDER	
Т	Pama 7 a	White	WIDOWED X				7 07		lest birthday)	Months	Days	Hours	Mîn.
	emale	ION (Give kind of work		OF BUSINESS OR	- I IIa	rch 2/	LO/		foreign country)	1 12. CI	TIZEN O	F WHAT C	OUNTRY?
dona	during most of wo	rking life, even if retire	d)		III.DOSTKI								
13 F	Unk. ATHER'S NAME		101	ık.	1.14	. MOTHER'S M		ine Co	ninty		U. S	• A •	
	ATTER STAME				1	1= -							
15 14	Thomas	EMOTY ER IN U.S. ARMED FOR	CFC3 1/ 50 C	IAL CCCURITY IN	C		loug	<u>th</u>	Address				
		fyas give wer or detes of se		IAL SECURITY NO		- 1					2.0		
-				NE.		spital .	Reco	rds	- Salis	bury,		yland	
1		H WAS CAUSED BY:	cause per ine f	or (a) (b), end (c	11.1.	1	. //	Ta			ON	ERVAL BET	DEATH
	4	IMMEDIATE CAUSE (e)_	иш	uji	400	arau	al_	·/a	uure			za	ays
	120.	DUE TO	G	1.	10,	2.11.		1	۲		,		
	Conditions, if any	1-7.	Suu	cralize	d C	creix	Co	och	roses		_ (9	20.
	evarisa to Immed a), steting the u	OT THE TO		0								/	
	euse lest.	(c)_											
NOIT	PART II. OTHE	SIGNIFICANT CONDIT	TIONS CONTRIB	UTING TO DEATH	H BUT NOT R	ELATED TO THE	TERMI	NAL DISEASE	CONDITION GIV	EN IN PAR	T 1(e) 1	PERFO	UTOPSY RMED?
EV.											1		NO X
H 2	De. ACCIDENT W	AS UNDERLYING	20b. DESCRIB	HOW INJURY	OCCURED. (E	nter natura of in	njury in	Pert I or Part I	I of item 1B.)			1	
1 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	F EITHER, NOTIFY	MEDICAL EXAMINER)											
3 2	Oc. TIME OF INJU	JRY Month, Dey, Yes	er 20d. INJU	RY OCCURRED		OF INJURY (Ho			y or town)	(Co	unty)		(State)
MEDI	Hour a.m.	19	While et work	Not While at work	tectory,	street, office bl	dg., etc	•)					
-		hat (I) (this hospit	al) attended		d from 7	/21/57		10 to	1/8/62	10) , +1	nat (I) (we) last
	aw the decea			19, a									
	2a. SIGNATORS-	sed anve on	D	17, а	no mai de	ani occured	3 81.33.	735P.M.	II lile causes	and on	1116 02		. DATE
	1	u Ti	Lawre	y	M.D.			DIRECTOR [STAFF PHYS.	1	/8/6	2	SIGNED
2	2c. PHYSICIAN'S NAME (Type	T T	T 1	T D		22d. ADDRE		is Head	d Hospit	a7 _	Sali	shum	v.Md.
-	DISPLACE CREATER		Lawry, I	c. NAME OF CE	METERY OR		aér		ATION (City, to			7 (SI	
BRE	MOVAL (Specify)	ON, 236. DATE THER	62/	PASSE	V	=M.		MAS	SSEV	/E	NTC	2, 1	Ul.
24 FI	JNERAL DIRECTO	R'S SIGNATURE		ADDRESS /		2	Se. REC	D BY REGIS	TRAR Sb. RE	GISTRAR'S	SIGNAT	URE	
1	Lowe	Clark K	لمسما	11.11	moton	Md. D	ATELA	v 1 1 '62	1 0	Chury S.	Than	A	170.

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111987

1. PLACE OF DEATH o. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (Who	L C1	CLINITY	efore admission)
b. CITY OR TOWN (If outside corporate limits, write c. L RURAL and give nearest town) SOLISbury	ENGTH OF STAY IN 16	c. CITY OR TOWN (If or Sali	utside corporate limits, Sbury	write RURAL and give r	nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddre OR INSTITUTION Pen Gen Hospital		d. STREET ADDRESS R.D.# 2 Sp	ring Hill	Road	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) SADIE	Middle ELLEN	Lost FLEMING	4. DATE OF DEATH JA	Month ANUARY	Day Yeor 29 1962
Female 6. COLOR OR RACE 7. MARRIED WIDOWED X	DIVORCED	8. DATE OF BIRTH March 24,18			AR IF UNDER 24 HRS. s Hours Min.
Oa. USUAL OCCUPATION (Give kind of wark dane during mast af warking life, even if retired) HOUSE WOLL AT HOME NO. 10 S. FATHER'S NAME	o of Business or Indus	Tarrall Co	o.N.Carol		OF WHAT COUNTRY
Mathis Levy Tarkengton				Brickhou	use
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI	AL SECURITY NO.	Forbes Salisbu	(Son)R.D.	#Address Spring	ng Hill I
Conditions, if any, which gave rise to immediate cause (a), stating the <u>under-lying couse lost.</u> OUE TO DUE TO (b) (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	10 m sun	NOT RELATED TO THE TERMIN			19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year 20d. INJURY Hour o. m. While	Y OCCURRED 20e. PL	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.	, 20f. (City or town)	N/A	ty) (State
21. I certify that (I) (this haspital) attended say the deceased alive an 224 SIGNATURE	/ 3	7 2 2	to /2	ses and an the da	that (I) (we) last te stated above 22b, DATE
22c. PHYSICIAN'S NAME (Type) Dr. Farl M. Bead;	/	22d. ADDRESS	alisbury,		10 /1962
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. REMOVAL (Specify) Feb.1, 1962 Sp.:	name of CEMETERY O	r crematory Memor eny Ga	23d. LOCATION (City, rdens - Sa	tawn, or county)	
24. FUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & COMPANY SALI	ADDRESS ISBURY, MAR		BY REGISTRAR 25	b. REGISTRAR'S SIGNA	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 he funeral directar, may be retained by the hospital ar attending physician.

D FUNERAL RECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shaut be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and the State Board of Health priar to burial, crematian, ar remaval, and in any event within 72 haurs after death. TO FUNERAL VR A1S (4) 1SM 9/59

ATT TO SECTION AND MENTS Destination of the court of the court of the annual state of the court THE RESERVE STOP SHOW THE STOP AND ASSESSED AND ASSESSED ASSESSED ASSESSED.

FOR STATE HEALTH DEPT. is necessary, lirector. Page your files. rd of Health, TO DEPUT SEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any derivis please executed within 24 hours after death. If any derivis please executed the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fune free 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for y TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

> VS. A15ME 5M 9/6D

MARYLAND STATE DEPARTMENT OF HEALTH

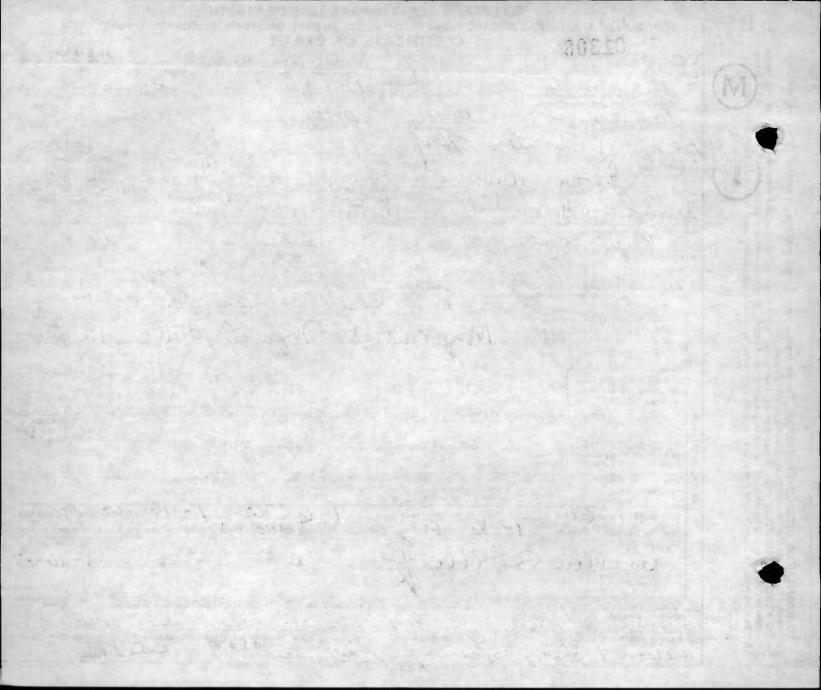
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

01000	
1. PLACE OF DEATH •. COUNTY WICOMICO MARYLAND	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) a. STATE Maryland b. COUNTY Wicomico
b. CITY OR TOWN (if outside corporete limits, write RURAL end give negrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)
Salishury	/ Salisbury
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Mineola Ave. Route # 2	Mineola Ave. Route # 2 YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer
(Type or print) William R Flet	cher 1-8-62 19
William William I	B. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Deys Hours Min.
M AA WIDOWED DIVORCED	9-22-04 57 475.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Cook Restaurant	Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
West Gunby	Emma Fletcher
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyesgivewerordetesofservice)	INFORMANT Address
No	s. Margaret Fletcher, Salisbury, Md
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Malnutrition	ONGEL AND DEATH
SOX DUE TO	
Conditions, if eny, which \ (b) Carcinoma of th	e esophagus Months
geve rise to immediate cause	
(e), stelling the underlying DUE TO cause last.	
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
0140	YES NO T
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 208. CAUSE OF DEATH.	(Enter neture of injury In Pert I or Pert II of Item 18.)
	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) ctory, streel, office bldg., etc.)
21. I certify that I took charge of the remains described above, h	eld an Autopsy , Inspection , Inquiry , and in my opinion
death resulted from: Natural causes . Accident Sui	cide, Homicide, Undetermined manner
Eul mal	CHIEF MEDICAL EXAMINER
ACTUAL SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S Earl L. Royer, M.D.	DEPUTY MEDICAL EXAMINER (\$\tilde{\text{DE}}\) 1-10-62
NAME (Type) 407 Camden Avenue Salisi 226. BURIAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY C	OUPY Add (Street, city, town, or county) OR CREMATORY 22d, LOCATION (City, town, or country) (State)
REMOVAL (Specify)	
Burial 1-12-62 Green Acres 23. FUNERAL DIRECTOR ADDRESS	Cemetery Salisbury Wicomico Md.
	JAN 15 '69 0 + 6 4
Thornton B. Jolley, Salisbury, Md	DATE CONTINUE 2. PRANTE

a branco le regimena della co Contraction of COLOR OF STREET AND STREET AND STREET Propriet Toller Ballonney Ed.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hould funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceesed lived, If institution, Residence before admission) e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, WS Sex aware c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO completely be executed NAME OF 4. DATE Month Day Year Middle DECEASED (Type or print) DEATH 19 anwait GE (In.years | IF UNDER YEAR | IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH carbor and last birthdey) Months Days WIDOWED DIVORCED physician USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY I BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retiged) U.S. A DELAWARE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending GGERS JOHN WALLS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMAN Address. (Yes, no, or unkown) | (If yes give war or dates of service) SCAFORD MARGARET WOOTTEN 221-16-18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN þ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) the burial-fransit DUE TO Conditions, if eny, which peen (b) geve rise to immediate cause DUE TO (e), stating the underlying has cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY certificate PERFORMED? NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) for the (IF EITHER, NOTIFY MEDICAL EXAMINER) þ 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (Stete) Month, Dey, Year factory, street, office bldg., etc.) While Not While Hour e.m. et work et work DIRECTOR: p.m. 14 1962 that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from.......... saw the deceased alive on...... 22e. SIGNATURE 22b. DATE may ATTENDING STAFF SIGNED. DIRECTOR PHYS. PHYS. 102 22c. PHYSICIAN'S 22d. ADDRESS death. Pag. NAME (Type) director, be filed 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (Stete) REMOVAL (Specify) METERY DeL, BURIA 25a. RECID BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



executed within 24 hours after death. Page HOSPITAL

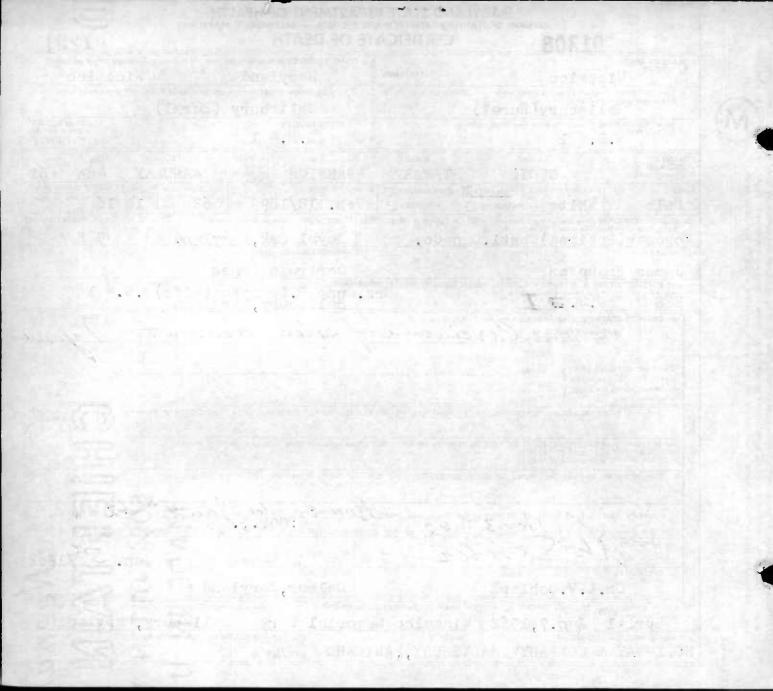
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VR A1S (4) 15M 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 01308

01291

	1. PLACE OF DEATH o. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (Who a. STATE Maryl	b. COUNTY	Wicomico
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Salisbury (Rural	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside corporate limits, write R bury (Rural	
Y	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION D.# 1	ddress)	d. STREET ADDRESS R.D.#	1	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) CECIL	Middle STEWART	FRANPTON	4. DATE Mor	/
	s. sex Male 6. color or race White widower	ED ES TRETER MINISTER	Feb. 18/18	9. AGE (In years last birthdoy) 62 yrs.	Month Day Hours Min.
/	10a. USUAL OCCUPATION (Give kind of work dane during most af working life, even if retired) Foreman (Retired) Conti. 13. FATHER'S NAME	or foreign country) k, Maryland AME	12.CITIZEN OF WHAT COUNTRY? USA		
1	James Frampton		Gertrude	Jones	
1		OCIAL SECURITY NO. 17. INI	FORMANT S. Anna R. Fr Salisbur	ampton(Wife	%R.D.# 1
1)	18. CAUSE OF DEATH [Enter only one couse per imperior of the couse per imperior of the couse per imperior of the couse (a) DUE TO Canditions, if ony, which gave rise to immediate cause (a), stating the underlying couse lost. Part II. OTHER SIGNIFICANT CONDITIONS CO	cinowal	NOT RELATED TO THE TERMI	MECHINEN NAL DISEASE CONDITION GIV	PERFORMED?
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Haur a. m. p. m. 19 at work	Nat while fact of work	CE OF INJURY (Home, form ary, street, office bldg., etc.	, 20f. (City or town)	(Caunty) (Stote)
	21. I certify that (I) (this haspital) attends saw the deceased alive on 22a. SLEMATURE 22c. PHYSICIAN'S NAME (Type) Dr. L. V. Sohler	1962 and that de	attending	D. STAFF	Jan. 5 (1) (we) last that on the date stoted above. Jan. 5 (1) (we) last that above. 22b. DATE SIGNED 71962
	23g. Burial, Cremation, 23b. Date thereof REMOVAL (Specify) Jan.7,1962	23c. NAME OF CEMETERY OR WICOMICO M	emorial Par		ry, Maryland
	24. FUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & COMPANY SA	LISBURY, MARY			ISTRAR'S SIGNATURE



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page may be retained by the hospital or attending physician.

You FUNEX. DIRECTOR: After this certificate has been signed by the attending physician and completely in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

		PLACE OF DEATH	2. USUAL RESIDENCE (Where dacaased lived, If institution: Residence before admission)
Л		COUNTY	a. STATE b. COUNTY
۹	-	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN/(If outside carporata limits, write RURAL and give neerest town)
		write RURAL and give nearest town)	·/ E · +1 - · ·
		JALISBURY	X FRUITANO
	3	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
	1	ENINGULA GENERAL HIS DITAL	School St. YES NO NO
1	3.	NAME OF First Middle	Last 4, DATE Month Day Year
y		DECEASED () 1	OF DESTRICTION OF A STATE OF A ST
4		(Type or print) CITI'S JAMES (D	LAUDEN SHIVARY 1 1002
ч	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday Months Days Hours Min.
	4	MALE WhITE WIDOWED DIVORCED C	CC 10, 1961 yrs. 21 21
	10a	USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	dor	No NE (BADY) NONE	MARY (AND) . (1 S.A.
	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	13.	F / C /	h I I a /
ď	1	E BERT GIADDEN	DRUSILLA GON/EY
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. Is, no, or unknown) (Ifyesgivawarordatesofsarvica)	NFORMANT Addrass
	(10:	, no, or unkown) (nyesylvawaror dalesolsarvica)	W Ellert Gladden, Dans
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
П		PART 1. DEATH WAS CAUSED BY:	ONSET AND DEATH
		IMMEDIATE CAUSE (a) Sudden unape	cel Death with
		U > 3 4 DUE TO	
		Conditions, if any, which (b) budden onset of	hich ferer - Trolably Bacteria
		gave risa to immediate causa	
	Н	(a), stating the undarrying	
	-	(6)	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATT BUT NO	PERFORMED?
	3	Muliple Congental anon	ales - YES NO D
		20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH	. (Enter natura of injury in Part I or Part II of item 18.)
	S.	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	₹	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLA	CE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata)
	MEDICAL	Hour a.m. Whila Not Whila fact	ory, straet, offica bldg., atc.)
	Z	p.m. 19 at work at work	1/1/
		21. I certify that (I) (this hospital) attended the deceased from	10 10 to 196, to 18 19 60 that (I) (we) last
		saw the deceased alive on 12.13.1 19.6.1, and that	death occured atAM, from the causes and on the date stated above.
		22a. SIGNATURE	- 226 DATE
		11 11: 0 M 10	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.
		22c. PHYSICIAN'S	D. PHYS. DIRECTOR PHYS. 22d. ADDRESS
		NAME (Typa) NI II AM C MAROAN	SALISHURU MAPTILANO
		WIIIIIII OF ITON JANE	_ Jiiioooig, ninkymio
		BURIAL, CREMATION, 23b. DATE THEREOF 23c. SHAME OF CEMETERY	00-108
		1368111 1-2-1962 WICOMICO	MEMON, SALISOUTY, MARGIANO
	24	FUNERAL DIRECTOR'S SIGNATURE , ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
i	1	TILL TURNSON SALISBURY A	no DATEN A '62 Chilling & Thomas
1	14		10 DATEN 4 '62 Cathur & Trassa
		7082 232,22 2	

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH
2-12-4-4				

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 01310

01909

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. COUNTY Thermian MARYLAND	a. STATE Man Par S. COUNTY
b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 1b	c. CITY OR JOWN (Inoutside corporate limits, write RURAL and give neerest town)
write RURAL and goive plearest town)	12 Salistines
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS o. IS RESIDENCE
Pariscular Standal Hackital	LIOL Atlanti Aug YES NO T
3. NAME OF First Middle	Last 4. DATE Month Day Year
DECEASED	OF ()
TAUI CLAITON	GORDES THRUMRY 23 1762
7. MARKED ZETTER MARKED	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
Male White widowed DIVORCED	Feb. 25, 1900 61 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
Accounting (Self Employeed)	Laurel, Delaware USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frank Gordy	Laura Pusey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (Ifyes give war or dates of service)	Anne G. Gordy (Wife) 404 Atlantic Ave.
No (1755) (1755)	Salisbury, Maryland
1B. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).)	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Hemorrhage	from porlein skarent 2 Days
DUE TO BASSAS	Co - world to T
Conditions, il any, which gave rise to immediate cause	ca e necles lases a gri.
(a), stating the underlying DUE TO	
cause lest. (c) pharyuf of	nech.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	YES NO X
). (Enter nature of injury in Part I or Part II of item 18.)
OF CONTRIBUTING CAUSE OF DEATH	
	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete)
Hour s.m.	tory, street, olfice bldg., etc.)
	Nov. 1961 to 1-23 , 1962 that (1) (we) last
21. I certify that (I) (this hospital) attended the deceased from.	O thi
	death occured at , from the causes and on the date stated above.
22a. SICHATURE	ATTENDING MED. STAFF _ SIGNED
Steorge H. Dennen N	A.D. PHYS. DIRECTOR PHYS. Jan. 23, 1962
22c. PHYSICIAN'S	22d. ADDRESS
NAME TYPE George H. Henning	Fruilland Ma,
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, fown or county) (State)
Butial Fan. 25, 1962 Wicomico M	emorial Park Salisbury Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
HOLLOWAY & COMPANY SALISBURY, MAR	YI AND DATE
TOTAL OF TOTAL STATE STATE STATE	ILLAND DATEAN 26'62 David & Thims

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pack-4 may be retained by the hospital or attending physician. TO FUNE: DIRECTOR: After this certificate has been signed by the attending physician and completely din by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Set 1 and 2 should be felled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.	V
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The atternance has be burrial,	
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ING I by ffer t sched Hea	
R: A	
or Dep	
State	
FOS P	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that death. Pact may be retained by the hospital or attending physician. TO FUNE: DIRECTOR: After this certificate has been signed by the director, page 3 should be detached for use as the burial-transit permit. be filed with the State Dept. of Health prior to burial, cremation, or remo	
FUN FUN ector,	
5 g 5 g 2	
VR A15 (4)	0

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1. PLACE OF DEATH a. COUNTY	MUMBLES	2. USUAL RESIDENCE	CE (Where deceased lived, If Institution: Re	
Wicomico County	MARYLAND	Mary	yland b. COUNTY Somer	set County
b. CITY OR TOWN (if outside corporeta limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporete limits, write RURAL and	give neerest town)
writa RURAL and give nearast town) Salisbury	39 days	Prince	ess Anne	
d. NAME OF HOSPITAL OR INSTITUTION (if not in he	ospitel, give street eddress)	d. STREET ADDRESS	10 4	IS RESIDENCE ON A FARM?
Deer's Head State Hos	spital		- /4/-	YES NO Z
3. NAME OF First DECEASED	Middle	Lost	4. DATE Month	Dey Yeer
(Type or print) Susie	E.	GREEN	DEATH January	28, 19 62
5. SEX 6. COLOR OR RACE 7. MARR	ED NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In years IF UNDER 1 Y	
Female White WIDOW		UG. 3,1872	lest birthday) Months D	ays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Coun	ty & State, or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
none		MARYLAND	U.S	S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN		
JOSEPH RIE		ELIZABETH	JOHNSON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16	. SOCIAL SECURITY NO. 17. II	NFORMANT	Address	
(Yes, no, or unkown) (Ifyes give war or detes of service)	HA	RRY HICKMA	N PRINCESS ANNE	. MD.
18. CAUSE OF DEATH [Enter only one ceuse per		HILL HADILMAN	I IIIII OBBO IIII B	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	Bronchopneumon	in		ONSET AND DEATH
IMMEDIATE CAUSE (a)	DE ONO NO PROGRAMON	.i.c.		3 days
DUE TO				
Conditions, if any, which (b)				
(a), stating the underlying DUE TO				
ceusa lest. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
Fracture of right fe				YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURED.	(Enter nature of injury in I	Pert I or Pert II of item 18.)	
Hour a.m. Whi		CE OF INJURY (Home, ferm ry, street, office bldg., etc.		ty) (Stafa)
21. I certify that (I) (this hospital) atte	nded the deceased from	12/20/	161., to 1/28, 196.	2., that (I) (we) last
saw the deceased alive on	19.04, and that	death occured at	M, from the causes and on the	ne date stated above
22a. SIGNATURE	l.	ATTENDING A	MED STAFF	1/29/62 1/29/62
22c. PHYSICIAN'S	M.	U	DIRECTOR PHYS.	, , ,
NAME (Type) L. V. Maldve, I	1.D.	De	eer's Head State Hos alisbury, Maryland	pital
			LOS L. LOCATION ICH.	
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (City, town or county)	(Stala)
238. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify) 1631-62	TIPTERSON	EMETERY	FAIRMOUNT MARY	LAND (Stala)

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OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the Part 4 may be retained by the hospital or attending physician.	TUNEY FORECTOR: After this certificate has been signed by the attending physician and completely d in by the funeral	grov, page 3 should be detached by the State Dept. of Health prior to burial, cremation, or removal, and in any event, with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with the State Dept.
within	P	ours aft
executed	completely	72 ho
pe	and	E.
certificate	physician	any even
death	ding p	nd in
the	t.en	al, a
that n.	the T	ешо
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SIC	ertific	rior
PHY the	this c	H P
NG P	fter	Hea
END	R. A	pt. o
ATTI	CIC	e De
OSPITAL OR ATTENDING PHYSICIAN: The law requires that h. Part way be retained by the hospital or attending physician.	OIRE	Stat
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0 4	5	9 3

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MARYLAND STATE DEPARTMENT OF HEALTH

Oreth

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 111295 CERTIFICATE OF DEATH

02012	
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission)
///	AND Maryland Dorchester
b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STA)	
write RURAL and give nearest town)	
Jalishury 2 years	Cambridge, R.D. 2 07X'2
NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addre	ss) d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
Peninsula General Hospital	YES NO T
NAME OF First Middle	Last 4. DATE Month Day Year
DECEASED / /	OF
(Type or print) C/yde James	Greenwell DEATH January 9 1962
6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min
Male inh. to WIDOWED X DIVORCED	- Monta Doys Monta
0a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR	LI Mag 11/1000
done during most of working life, even if retired)	The biking Act (county a state, of following)
Retired Farmer Self employed	Cambridge, R.D. U.S.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
J. Sothern Greenwell	Susan E. Wheatley
5. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO	
Yes, no, or unkown) (Ifyesgivewarordatesofservice)	
No. 215-36-1537	Phillips S.Greenwell, Salisbury, Md.
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	and Indant aget ladala
IMMEDIATE CAUSE (a)	and proces , and
DUE TO	
Conditions, if any, which (b)	
gave rise to immediate cause	
(a), starting the underlying	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	YES NO TO
208. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY C	OCCURED. (Enter nature of injury in Part I or Part II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH	
	20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)
Hour a.m. While Not While	factory, street, office bldg., etc.)
p.m. 19 at work at work	1-3 /00 /-9 /
21. I certify that (11) (this hospital) attended the deceased	
saw the deceased alive on	nd that death occure 3
22a. SIGNATURE	22b. DATE
1.100. R 600: 2	ATTENDING MED. STAFF PHYS. PHYS. 1-9-600
Weller Or Elles ! J.	M.U.
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
	METERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial Jan. 12, 1962 Lady Good	Counsel Churchyard Secretary, Md.
FUNERAL DIRECTOR'S SIGNATURE	MC 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
California	
fluelle 1. shower	DATE JAN 15 62 Centing & Header

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TO DEPUTA VEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please ever 5 the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the fundamentary. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained or your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriel-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any giventy within 72 hours after death. 0

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01313 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 298

1.	1. PLACE OF DEATH	2. USUAL RESIDENCE (Whare deceased lived, If institution: Residence before edmission)
	a. COUNTY Wicomico MARYLAND	*. STATE Maryland b. COUNTY Wicomico
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Salisbury	Salisbury
_	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS a. IS RESIDENCE
1	D.O.Al at Pen Gen Hospital	325 Craft Street YES NO 2
3.	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF
		AMPSHIRE DEATH JANUARY 28 19 62
5.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
		July 26,1931 30 yrs. 6 2
de	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
I 13	Lineman(Employee)Telephone Company	Salisbury, Maryland USA 14. MOTHER'S MAIDEN NAME
	Roscoe Hampshire	Gertrude Waller
(Y	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IT (Yes, no, or unknown) ((Ifyesgivewarordatasofservica) YES -Korea-	"Saralene P. Hampshire"(Wife) 325 Craft St. Salisbury, Maryland
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	MITERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Occusion
4	TOO C DUE TO DE CK	200 16 1
	Conditions, if any, which (b)	seem that the year
	gava risa to immediate cause (a), stating the undarlying DUE TO	
	cause last. (c)	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFIC	206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	nter natura of injury in Part I or Part II of itam 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC fecto work 19 at work 19 at work	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
1	21. I certify that I took charge of the remains described above, hel	d an Autopsy X, Inspection X. Inquiry X, and in my opinion
	death resulted from: Natural causes . Accident . Suicident	de, Homicide, Undetermined manner
	T. 1	CHIEF MEDICAL EXAMINER
	ACTUAL	M.D. ASSISTANT MEDICAL EXAMINER
1	Examiner's Pr. Earl L. Royer alisbury, Mc	d Address (Street, city, town, or county) Jan. 30/1962
22	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify) Burial Jan. 31, 1962 Wicomico Mer	
2	23. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	HOLLOWAY & COMPANY SALISBURY, MARY	LAND DATE FEB 1 '62 arthur & Knows

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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0.101	
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidence before admission) a. STATE b. COUNTY
Wicomico Maryland	Maryland Wicomico
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)
Salisbury since 12/26/61	Salisbury
d. NAME OF HOSPFTAL OR INSTITUTION (if not in hospital, give street addrass)	d. STREET ADDRESS a. IS RESIDENCE ON A FARM?
Pine Bluff State Hospital	207 Broad St. YES NOW
NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) LOUDER CLAUDE HEAR	NE DEATH Jan. 27 1962
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
M WIDOWED DIVORCED	Dec. 2, 1889 72 yrs. Months Days Hours Min.
a. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Salesman Retail store	Gumboro, Delaware U.S.A.
FATHER'S NAME	Gumboro, Delaware U.S.A.
Louder T. Hearne	Fannie H. Cannon
. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT SS Elsie Hearne(Sister)207 Broad St-C
es, no, or unkown) (Ifyasgivewarordetesofservice)	ss Elsie Hearne (Sister) 207 Broad St-C
No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	ecords of Pine Bluff State Hospital
DART I DEATH WAS CALISED BY.	ONSET AND DEATH
IMMEDIATE CAUSE (a) Arteriosclero	tic cardiovascular disease unknown
DUE TO	
Conditions, if any, which (b)	
gave rise to immediate cause	
(a), stating the underlying cause last.	
- (0)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	PERFORMED?
Pulmonary tuberculosis	~ .
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PULMONARY TUBERCULOSIS Pulmonary tuberculosis 206. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) N/C	D. (Enter nature of injury in Part I or Part II of item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour e.m. While Not While at work at work	ctory, street, office bldg., etc.)
	Dog 96 1963 t Tom 97 1969 d t (1) (-) 1-
	Dec. 26, 19.61 to
	at death occured at 1:0 %; from the causes and on the date stated above
22a. SIGNATURE ERRITCHEURY A	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 1/27/62
ZZC. MITOICIANO	22d. ADDRESS
NAME (Type) E.P. Ritchings, M.D.	Pine Bluff Hospital, Salisbury, Md.
3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stata)
PEMOVAI (Specify)	Cemetery Salisbury, Maryland
4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
HOILOWAY & COMPANY SALISBURY, MAR	RYLAND DATE FEB 1 '62 Outhur & Thank

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Alegan, Andrew Teachers and Andrew Andrew Control of the Andrew Andrew Control of the An

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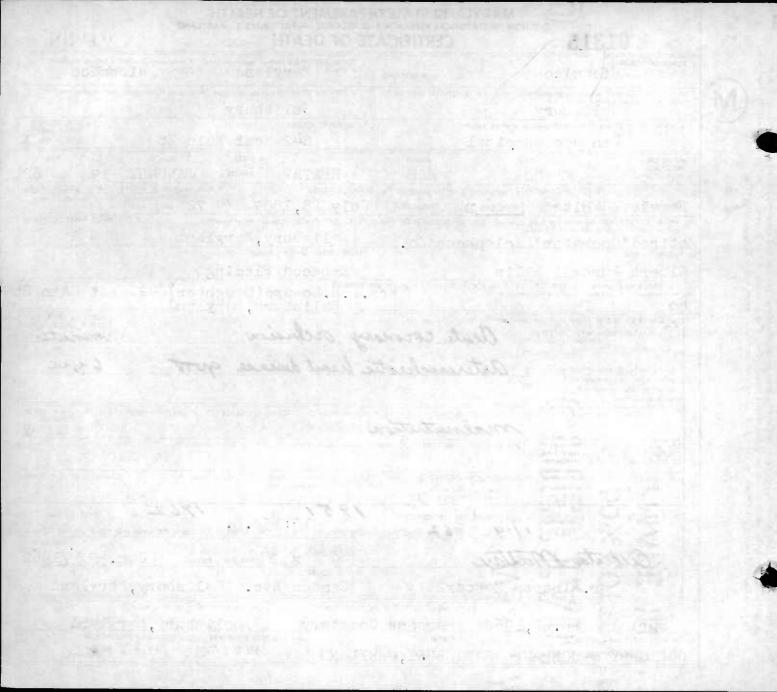
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page of the may be retired by the hospital or attending physician.	TO FUNERAL SECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 having be detached for use after the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filled with the State Roard of Health order to burial premation or removal and in any event within 72 haurs offered and	M S I
O HOSPITAL OR ATTENDING PH	O FUNERAL SECTOR: After this page 3 shavid be detached from the State Board of Health print to	

he funera shauld be

1. [PLACE OF DEATH	comico		MARYL		a. STATE	nce (wh	land	d lived. If instituti b. COUNTY				on)
	b. CITY OR TOWN (If RURAL and give nee	arest tawn)	ts, write	c. LENGTH OF STAY IN	ч 1ь				prote limits, write R	URAL ond giv	ve neare	est tawn)	
	36	Tisbury		4 1 1 1 1 1 1 1	/			sbury					
	d. NAME OF HOSPITA OR INSTITUTION	AL (If nat in haspitol, g	ive street	oddress)		d. STREET ADI					e.	ON A	DENCE FARM?
-	Pe	en Gen Ho	spit	cal		8	42 1	West	Main St			YES 🗌	NO 🗐
3. !	NAME OF DECEASED	Fie		Middle		Last	100	4. DATE	Man	th	Day	Ye	eor
	(Type or print)	OD	A	MAE		HEAT	H	DEATH	JANU	ARY	19	1	9 62
5. 5	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	8. 0	DATE OF BIRTH	7711		9. AGE (In years	IF UNDER 1	YEAR II	FUNDER	24 HRS.
I	Female	White	WIDOW	ED DIVORCED	o J	uly 28	,188	39	72 yrs.	Months [Days	Hours	Min.
10a	. USUAL OCCUPATION	N (Give kind af work ng life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLAC	CE (Stote	or foreign c	ountry)	12. CITIZI	EN OF V	VHATCO	DUNTRY?
Re				ephone Co.		Salis	bury	y . Mar	yland	I	JS	A	
13.	FATHER'S NAME	XI AUGI		phone vo.	1	4. MOTHER'S M	<u>v</u>		V			-	
1	Albert Pu	rnell El	lis			Rebec	ca I	Flemi	ng				
15.		IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO				ghter 18	71°2 Wa	at	Mo 4	- C
	No	r yes, give war or dates or s	ervice		LIL'S.	Sali	shu	cv. Ma	ryland	TZ WC	SU	ra 1	III D
	18. CAUSE OF DEAT	TH [Enter anly one co	use per li	ine for (a), (b), and (c).]			1			1000	INTER	VAL BET	WEEN
	PART I. DEAT	H WAS CAUSED BY:	. (Trute Core	mar	y occ	Lusi	in				nul	4
	75	DUE TO			_								
	Conditions, if on	y, which) (b	. 0	rterincher	ation	beaut	dise	ace	GNTV		6-	yes	-
	gove rise to im	mediote (00-0				1				
	lying cause last.	ne <u>under-</u>)								1		
Z	PART II. OTH		-	CONTRIBUTING TO DEAT	H BUT NO	T RELATED TO T	HE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART	1(0) 19.	WAS A	UTOPSY
CERTIFICATION			m	almitrit	Ton							PERFOR	NO 3
RTIF	20a. ACCIDENT WAS	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OC	CURRED. (Enter noture of i	injury in I	Part I or Por	rt II of item 1B.)				
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)	1	V/A									
MEDICAL	20c. TIME OF INJURY Hour o. m.	Month, Day, Ye				OF INJURY (Ho			y or town)	(Co	ounty)		(Stote)
MEC	p. m.	19	While at was			,,	Juga, ele			30.05			
	21. I certify that	(I) (this haspita) atten	ded the deceased f	ram	1951	19		1962		_, tha	t (1) (w	ve) last
	saw the decease	ed alive an	119	1962 and t	hat dea	th accurred	임: 그	M, fram	the causes an				
	22a. SIGNATURE	1 300				Trial III.				UT1223		22b.	DATE
	alle	ita Ma	Ma	V	M.D	ATTENDING PHYS.	ME DI	RECTOR	STAFF PHYS.	Jan.	21	0/1	.962
	22c. PHYSICIAN'S NAME (Type)			ECHYLLE US		22d. ADDRESS							
	Trans (1)pe/ [r.Albert	a Ma	attax		Camde	n Av	ve.	Salisbu	ry, Ma	ryl	and	
23a	BURIAL, CREMATION	N, 23b. DATE THEREC)F	23c. NAME OF CEMET	ERY OR C	REMATORY		23d. LOCA	TION (City, town,	or county)		(State)
	REMOVAL (Specify)	Jan. 22,	1962	Parson	s Ce	metery		Sa	lisbury	. Marv	lar	nd	
24.	FUNERAL DIRECTOR'S			ADDRESS				D BY REGIS		STRAR'S SIGN			
I	HOLLOWAY	& COMPAN	Y	SALISBURY.	MARY	LAND	DATE	JAN 2 2	2 '62	7 78.00)	9 the	win.	



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Party may be retained by the hospital or attending physician. TO FUNE TO FUNE TO PRECIOE: After this certificate has been signed by the attending physician and completely din by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depth.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11 1 2 9 9 01315

11 2 VICINE DECIDENCE (Where deceased lived if institution, Posidence before

a. COUNTY	a. STATE b. COUNTY
Wicomico MARYLAND	101 0 101 0 101 0 101
b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 1b write RURA); and give nearest town)	c. CITY OF TOWN (If outside corporate limits, write RURAL and give neerest town)
SALISBURY	12 Selisbury
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS Salisbury o. IS RESIDENCE ON A FARM?
PENINSULA GENERAL HOSPITAL	YES INO IT
3. NAME OF First Middle	Locus State Month Dey Yeer
(Type or print)	/// OF 1
DUDU	DATE OF BIRTH DEATH DATE OF BIRTH 19. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS.
5. SEX 6. COLOR OR RACETY, MARRIED NEVER MARRIED 8	last birthdey) Months Days Hours Min.
Female Negro WIDOWED DIVORCED	TOTO 40 VIS.
IOB. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	W 3 1
13. FATHER'S NAMEOMOSTIC	Maryland U.S.A. U.S.A.
15. WAS DECEASED LAR LISTER FOR STATE SECURITY NO. 17. 1	Ellen Purnell
(Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Addless
No.	
CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Throw bosis Mid	Cerebral Artery, Left 30 MINUTES
DUE TO	
120 A Daniel Tura	Cardiovasculai Disease 10415.
geva rise to immediate couse	Cardio vascalar sixuso 10 915.
(a), steting the underlying DUE TO	Mellitus ??
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER!	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
THE STATE OF THE S	YES NO
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH	. (Enter neture of injury in Part I or Part II of item 18.)
© OR CONTRIBUTING □ CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm, 1 20f. (City or town) (County) (State)
Hour a.m. While Not While fact	lory, straat, office bldg., etc.)
The second secon	
	12 - 26 , 1961, to 1-3 , 1902, that (1) (wo) last
saw the deceased alive on 1/3 1962, and that	death occured a
22e. SIGNATURE	22b. DATE
Le ance & Herring	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. SIGNED
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type)	Fru Too of Mc
	an approximation (cf. 1)
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (Cify, town or county) (State)
Burial I/7/1962 green acr	Selisbury Wd
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Md
With the the their	1/1/1 DATE JAN 1 5 '62 arthur & three
Castally College Andreway of the	L/ L/ A, MANN

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Illean I william . William Furnell

The state of the s

Burtall 1/7/1988 Breed nerel 5/1/1988

model & commenced to the state of the state

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01317

01300

PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission)
e. COUNTY Wicomico MARYLAND	•. STATE Maryland b. COUNTY Wicomico
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
write RURAL end give neerest town) Delmar 77 yrars	X Delmar
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS o. 15 RESIDENCE
406 Pine Street	406 Pine Street ON A FARM
NAME OF First Middle DECEASED	Lest 4. DATE Month Dey Yeer OF
(Type or print) EDWARD LEVIN	HITCHENS DEATH Jan 11th 1962
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR
Male White WIDOWED DIVORCED	Jan. 23, 1884 77 yrs. Months Deys Hours Min.
. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)	TRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY
etired Trainman Railroad	Delmar, Maryland USA
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James B. Hitchens	177 7 c A serve se
WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17.	Ella Arvey INFORMANT Address
s, no or unkown) (Ifyesgive weror detes of service)	
1120 00 120	Cora Hitchens, Delmar, Maryland
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	
PART I. DEATH WAS CAUSED BY:	
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (e) Cotouary DUE TO Conditions, if any, which (b) Cotouary	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate cause	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate cause (e), stating the underlying DUE TO DUE TO	
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (e) Cotouary DUE TO	onser and DEATH anterior Sclerosis byean
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (e) Cotouary DUE TO	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate cause (e), steling the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IT CONTRIBUTING TO CAUSE OF DEATH 20e. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH	onset and death arterio sclerosis Ografia Ogr
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (e)	ONSET AND DEATH AND THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PERFORMED? YES NO DEATH ONSET AND
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (e)	onset and death arterio sclerosis Office of the terminal disease condition given in Part 1(a) Performed? Yes \(\sum \) NO [
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (e)	ONSET AND DEATH AND THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PERFORMED? YES NO ONSET AND DEATH 19. WAS AUTOPS PERFORMED? YES NO ACE OF INJURY (Home, farm, † 20f. (City or town) (County) (Stete)
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (e)	ONSET AND DEATH AND TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PERFORMED? YES NO ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate cause (e), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN GRACIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Menth, Dey, Year Hour e.m. p.m. 19 21. 1 certify that (I) (this hospital) attended the deceased from	ONSET AND DEATH AND TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPS PERFORMED? YES NO County (Stete) ACE OF INJURY (Home, farm, ctory, street, office bidg., etc.) ACE OF INJURY (Home, farm, ctory, street, office bidg., etc.) ACE OF INJURY (Home, farm, ctory, street, office bidg., etc.)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate cause (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. ACCIDENT WAS UNDERLYING AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year While Not While et work et work et work 19 et work 19 et work 19 et work 3 and the deceased dive on 19 and the deceased from 19 and the deceased dive on 19 and the deceased from 19 and the deceased dive on 19 and the deceased from 19 and the deceased dive on 19 and the deceased from 19 and the deceased dive on 19 and the deceased from 19 and the deceased dive on 19 and the deceased from 19 and the deceased dive on 19 and the deceased from 19 and the deceased dive on 19 and the deceased from 19 and the deceased dive on 19 and the deceased from 19 and the deceased dive on 19 and the deceased from	ONSET AND DEATH Where the control of the terminal disease condition given in Part 1(e) ONSET AND DEATH ON
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate cause (e), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN GRACIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Menth, Dey, Year Hour e.m. p.m. 19 21. 1 certify that (I) (this hospital) attended the deceased from	ONSET AND DEATH Where the control of the terminal disease condition given in Part 1(e) ONSET AND DEATH ON
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (e)	ONSET AND DEATH ONSET
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (e)	ONSET AND DEATH ONSET
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (e)	ONSET AND DEATH ONSET
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (e)	ONSET AND DEATH ONSET

the state of • The state of the s Corporate the transfer of the second and your county or experienced your - sold to have the allered to SA-SA-A THE REPORT OF THE PARTY EVERYOR TO THE STREET Him S. Manne Co- Subspar, Nex &

CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY	Wicomico		MARYLAND	2. USUAL RESID o. STATE	Mary:		d lived. If institut b. COUNTY		ce before adr	
RURAL ond give no	lf outside corporate limi earest town) Salisbury		c. LENGTH OF STAY IN 16	c. CITY OR 1	Sali:	410	rote limits, write f	RURAL ond	give nearest to	own)
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospitol, g Pen Gen H	ive street		d. STREET A		# 5(0	Crooked	0ak	Lane	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Fir	-	Middle JACKSON	HOPKIN	t	4. DATE	JANUAR:	rth	Doy 22nd	Yeor 19 62
S. SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED	8. DATE OF BIRTI	Н		9. AGE (In years			
Male	White	WIDOW	ED DIVORCED	Dec.22.	1900		lost birthdoy) 61 yrs.	Months	Doys Hou	rs Min.
during most of work Employee 13. FATHER'S NAME Dashiell	king life, even if retired (Supply C)	kind of Business or Ind k)Trucking (Co. Tyas	kin, l	Maryl		US US	SA	AT COUNTRY?
15. WAS DECEASED EVE		CES? 16.	SOCIAL SECURITY NO. MI	informant rs.Berni Crooked	ce Ba		Hopkin Sali	ns(Wi sbury	fe)R.	D.# 5
Conditions, if o gove rise to i couse (o), stoting lying couse lost.	the under-	Ch.	Emphayza	UT NOT RELATED TO	O THE TERMIN	NAL DISEAS	E CONDITION GI	VEN IN PAR	T 1(o) 19. W	AS AUTOPSY REORMED?
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter noture o	of injury in P	ort I or Por	t II of item 18.}			□ № 🛚
ZOc. TIME OF INJUR Hour o. m. p. m.	N/A 19	20d. II While of wor	_ Not while	PLACE OF INJURY (foctory, street, office			or town)	/A (County)	(Stote)
saw the decea) attend	ded the deceased fram	death accurred	72.6	AU V	1-22 The causes a	nd an the		
22c. SIGNATURE	gras	her	les (M.D. ATTENDING		D. RECTOR	STAFF PHYS.	Jan.	23 /	22b, DATE 1962
NAME (Type)	Dr. Philip				St.		lisbury			
23a. BURIAL, CREMATIC REMOVAL (Specify) Burial	Jan. 24, 1	.962		emorial	Park	Sa]	TION (City, town,	Mary	land	Stote)
24. FUNERAL DIRECTOR			ADDRESS	DEFT A SET	2So. REC'D	BY REGIST		ISTRAR'S SI		
HOLLOWAY	& COMPANY	SA	ALISBURY, MAI	KYLAND	DATE IA	N 26 1	62 0	when S.	. Thouse	

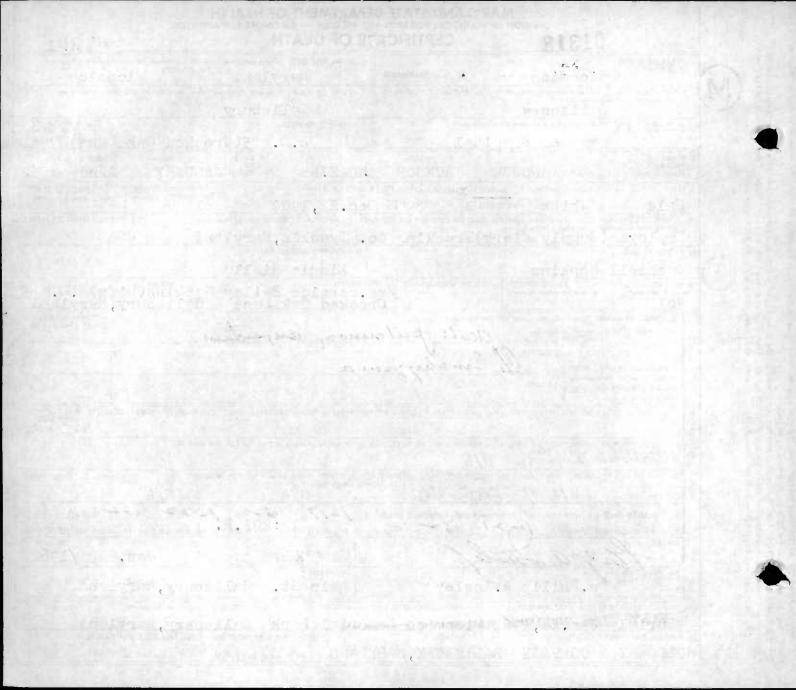
he funeral directar, should be filed with OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 in may be ref. 1 by the haspital ar attending physician.

5 FUNERAL

5 FUNERAL

5 FUNERAL

5 FLOR: After this certificate has been signed by the attending physician and campletely filled page 3 shaur, no detoched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board af Health priar to burial, cremation, ar remayal, and in any event, within 72 haurs after death. TO HOSPITAL may be rea. VR A15 (4) ISM 9/59



VR A15 (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

01319

01302

1. PLACE OF DEATH O. COUNTY Wic	omi co		MARY	LAND	2. USUAL RESIDEN	CE (Where d		d. If institution b. COUNTY		omi c		ion)
b. CITY OR TOWN (IF RURAL ond give no Mardela	autside carparate limi orest town) Springs -	ts, write Rural	c. LENGTH OF STAY	IN 1b	c. CITY OR TOW			mits, write R			rest town)
d. NAME OF HOSPITA OR INSTITUTION San	AL (If not in hospitol, g	give street or	ddress)		d. STREET ADDR	RESS R. F.	D.		14,2			IDENCE FARM? NO 🔀
3. NAME OF DECEASED (Type or print)	Flore		Middle Iren		Lost Hopki		DATE OF DEATH	Janu		Do 1	-	rear 19 62
s. sex Female	6. COLOR OR RACE Negro	7. MARRIE			8. DATE OF BIRTH June 10,	1909	9. At	GE (In yeors stbirthday) yrs.	Months Months	Days	Hours	R 24 HRS. Min.
10a. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b. Ki	Home	R INDUS				yland		R.F.		OUNTRY
13. FATHER'S NAME Edwar	d Fooks				14. MOTHER'S MA	iden name				3		
1S. WAS DECEASED EVER	R IN U. S. ARMED FOR If yes, give war or dates of s		OCIAL SECURITY NO 13-14-6817		tis L. Hop	okins,	Marde	Add		, Md	., R	FD
Canditions, if ar gave rise to in cause (a), stating t lying cause last.	mmediate ((a) Col	yperte: Nyperte:	Va.	seular ve Car	,	ased	,	Pis	ONS	unki	DEATH
CATIC	er significant con	DITIONS CC	ONTRIGUTING TO DE	ATH BUT	NOT RELATED TO TH	ETERMINAL	DISEASE COI	NDITION GIV	EN IN PAI	RT 1(a) 1	PERFO	AUTOPSY RMED? NO 🔂
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)				D. (Enter noture of in			104				
ZOc. TIME OF INJURY Hour a. m. p. m.	Y Month, Doy, Ye	or 20d. INJ While at work	Not while of work		ACE OF INJURY (Hom tory, street, office blo		Of. (City or to	own)	(County)		(Stote
	t (I) (this hospital ed alive on 15			that d	leath occurred a M.D. PHYS. 22d. ADDRESS		AMm the				stated	
23a. BURIAL, CREMATION REMOVAL (Specify)	Géorge G. N, 23b. DATE THEREC	Sch	23c. NAME OF CEM Zion Chu			23d.		(City, town, or Sharpt		Mar Mar	(State	'
24. FUNERAL DIRECTOR:	s signature mptom and	Son, F	ADDRESS Federalsbu	rg,	Maryl and	REC'D 8Y	REGISTRAR	2Sb. REGI	STRAR'S SI	GNATU	RE	

etall SANTAN SANTAN SANTAN · Understand ment of the training of the party of the par v. bi latentenz azuran Grutegen - Tungan ber dagan bir dagan bir dagan bir dagan bir dagan bir dagan bir dagan The state of the s and the man abbrech , the lavaget to a the worker at the

01220 in by the funeral **AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after than year the hospital or attending physician.

**DIRECTOR: After this certificate has been signed by the attending physician and completely in by the funeral sea 3 should be detached for use as the burial-transit permit. Then please remove carbon papers.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1909

CERTIFICA	ATE	0	F DEATH	(1)
	- 11	2.	USUAL RESIDENCE (Where daceased lived, If institution:	Resider

0.20.20	
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before admission)
14.	* STATE b. COUNTY b. COUNTY
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWA (If outside corporete limits, write RURAL and give neerest town)
writa RURAL end give nearest town)	0 1 2 1 12
Salisbury	Salisbury 12
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS a. IS RESIDENCE ON A FARM?
Pening Is stenent HOSPITAL	818 SMITH Street YES NO
3. NAME OF First Middle	Lest 4. DATE Month Day Year
(Type or print)	SOMONI DEATH JANUARY 19 19 102
CHISLION WARDEN 1701	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
MARKIED NEVER MARKIED	lest birthdey) Was I Day I Add
MALE WIDOWED DIVORCED	March 5,1904 57 yrs. March 14 100 14 March 15,1904
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Service Station Attendent	Bivalve, Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Horsman	Eunice Wilson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yes, no, or unkown) (Ifyesgivewerordetesofservice)	s. Florence B. Horsman (Wife) 818 Smith
No	Street Salisbury, Maryland
1B. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Thrombosis onset and death
IMMEDIATE CAUSE (0) Coron any	1 III W SON
DUE TO	
Conditions, if any, which (b)	
geve rise to immediate ceuse (e), steting the 'underlying'	
ceuse last.	
THE REPORT OF THE PROPERTY OF	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NO	PERFORMED? YES NO NO
OR CONTRIBUTING CAUSE OF DEATH	(Enter neture of injury In Pert I or Part II of item 18.)
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
3 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stete)
Hour a.m.	ory, street, office bldg., etc.)
	TULY 10/0/ 1 TAN 19 10/2 11 10 (-2)
	TULY 1961, to TAN 19, 1962 that (1) (we) las
saw the deceased alive on	death occured at
22e. SIGNATORE	ATTENDING MED. STAFF 22b. DATE
Work Milling	DIRECTOR PHYS. 19 JANG
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type Dr. Robert T. Adkins	Fruitland, Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
REMOVAL (Specify)	
Burial Jan. 21, 1962 Parsons	Cemetery Salisbury, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

SALISBURY, MARYLAND

DATE

JAN 2 2 '62

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TO HOSPITAL

A death, Pre

Y TO FUNE

G of director, page 3 15M 9/60



HOLLOWAY & COMPANY

A TOWN OF THE PARTY OF THE PART SHOUNDS SHOUNDS STANDARD STAND Menyice Thirties istances to a control of the contr noted of (e'r) because of account . not Corona Thorn Drive Bush with the The state of the s basswall, raditive said and a decision willie starte tage consone temepters of Milanury, Bryl mile BULLDON'S TOTAL SELECTION OF THE GRANTERS, NAMED TO SELECT ON THE SELECTION OF THE SELECTIO

Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND **FOR STATE** MEDICAL EXAMINER'S HEALTH DEPT . PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) a. COUNTY a. STATE b. COUNTY Wicomico MARYLAND Marvland Wicomico b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) Salisbury
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give/street address) Salisbury d. STREET ADDRESS IS RESIDENCE ON A FARM? Catherine St. retained te State Catherine YES NO NAME OF Middla Last 4. DATE Month Year DECEASED OF the (Typa or print) DEATH Harvey 19 Hughes pe death. 2 with 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED 5. SEX AGE (In years | IF UNDER 1 YEAR DATE OF BIRTH IF UNDER 24 HRS. 3 last birthday) and Months Devs Hours WIDOWED T 10a. USOAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? M3. Pages 1, 2, M3. Page 1 and vithin 77. swring sost of working life, avan if retired) 20000 pages PM3. 13. FATHER'S NAME File 15. WAS DECEASED EVER IN U.S. ARMED FOR COS 1 16. SOCIAL SECURITY NO.1 17. INFORMANT Address permit. (Yas, no, or unkown) [(Ifyesgivewarordelasofsetyica) 18. CAUSE OF DEATH Enter only one cause per the for (a), (b), and (c). INTERVAL BETWEEN e along I-transit E PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (a) should be Office DUE TO burial Conditions, if any, which (b) geva rise to immediata causa Ø DUE TO Se (a), stating the undarlying Examiner 6 cause lest. nsed cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION writing the word' the Chief Medical Ex Page 3 should be t Pe PERFORMED? NO P EXAMINER: This 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Steta) 0 factory, street, office bldg., atc.) While Not While Hour a.m. forwarded to the DIRECTOR: P. at work at work 9 the certificate, prior 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection X Inquiry X and in my opinion MEDICAL death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL should L. for FUNERAL I ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE Ear. Royer I.D. DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) alisbur vAddraw (Streat, city, town, or county) O DEP BURIAL, CREMATION, 22b. NAME OF CEMETERY OF CREMATORY DATE THEREOF 22d. LOCATION (City, town, or equatry) 40 FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. AISME 5M 9/60 DATE JAN 2 2 '62 arthur & Kraus

ARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND	STATE	DEPARTMENT	OF	HEALTH
MARIENIE	JIAIL	DEI ARTIMETTI		

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
01322 CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution; Res	
Wicomico County MARYLAND	e. STATE Maryland b. countyomers	et County V
b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end s	give neerest town)
Salisbury 195 days	Princess Anne	19x.2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Deer's Head State Hospital	Box 205, Route 2	YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month	Dey Yeer
(Type or print) Samuel James	HUTT DEATH January	25, 1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In years IF UNDER 1 Y	EAR IF UNDER 24 HRS. eys Hours Min.
Male Colored WIDOWED DIVORCED	I/I8/I886 76 yrs. Months	eys Hours Min.
1De. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	, , , , , , , , , , , , , , , , , , , ,	S A.
Labor Farm		S A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
George Hutt	Mary ?	
(Ver an analysis of 100 control of the control of t	INFORMANT Address	
No (Test, no, or unknown) (Tryesgive werordaresorservice) 214-12-6616	nnie Mae Hutt.Princess Anne	
1B. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Pulmonary edema		1/2 hour
LL DUE TO		
Conditions, if eny, which (b) Arteriosclerotic	cardiovascular disease	2-3 years
geve rise to immediate cause (a) stelling the underlying		
(e), stelling the underlying DUE IO		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?
NATIO		YES NO K
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CHIEF THER, NOTIFY MEDICAL EXAMINER)	D. (Enter neture of injury in Pert I or Pert II of item 1B.)	
	ACE OF INJURY (Home, ferm, 2Df. (City or town) (Count tory, street, office bldg., etc.)	ty) (Stete)
21. I certify that (I) (this hospital) attended the deceased from.	July 13, 19 61 to Jan. 25, 19 6	2. that (I) (we) las
	death occured at	
220. SIGNATURE	7:40 A.M.	22b. DATE
1. The Due au	A.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	1/25/62
22c. PHYSICIAN'S NAME (Type) V. Juerman, M.D.	22d. ADDRESS Deer's Head State Hosp Salisbury, Md.	oital
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county)	(State)
REMOVAL (Specify) I/28/62 St Mary.	West Post Offic	e,Md
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SI	
historian / Character / Dennier	DATE OF CIVILIAN S. 7	Mana

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Whara daceasad livad, If institution: Rasidanca bafore admission) a. STATE b. COUNTY
Wicomico MARYLAND	Maryland Wicomico
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Salisbury Since 12/4/61	X Mardela Springs
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	I d. STREET ADDRESS e. IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (IT not in nospital, give street address)	ON A FARM?
Pine Bluff State Hospital	_ YES NO _
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF
(Typa or print) Guy Franklin	Jackson Jan. 18 19 62
5. SEX 6. COLOR OR RACE 7. MARRIED B.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED 0	ct. 27, 1884 Application of the control of the co
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR'	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
dona during most of working lifa, aven if retired)	Wicomico, Maryland USA
Railroad Agent Railroad	14. MOTHER'S MAIDEN NAME
Clayton G. Jackson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.L 17. II	Dora E. Oliphant
(Yas, no, or unkown) (Ifyasgivewarordatasofsarvica)	NEORMANT E. Jackson (Wife) Box#8-Mardela, Md
No 717-07-9572 Re	cords of Pine Bluff State Hospital
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: "MA A A A C.	ONSET AND DEATH
IMMEDIATE CAUSE (a) Melastatie au	act.
DUE TO	
Conditions, if any, which \ (b) Caucer of the	eny Bronchogenie Carenoma 2 years?
gave rise to immadiata cause	1.100
(e), stating the underlying DUE TO	Danson Coll
causa last. (c)	isoferences and
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
Margarette allegation of the	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO MUTULE LIN AUTOMOBIL 208. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING 1 CAUSE OF DEATH ILLE HITTER, NOTIFY MEDICAL EXAMINER!	(Enter natura of injury in Part I or Part II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
Zoc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLA Hour a.m. D.m. 19 at work at work	CE OF INJURY (Homa, farm, † 20f. (City or town) (County) (Stata)
Hour a.m. While Not While factor	ory, street, offica bldg., etc.)
	i/ NOV. 1961, to 18 Jan, 1962, that (1) (we) last
	death occured and
22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
Sound Fitaerell, MD. M.	Tarrest To
22c. PHYSCIAN'S	22d_ADDRESS A.
NAME (TYD'r. Joseph C. Fitzgerald	Pine Bleef Korad, Salesbury,
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, town or county) (Stata)
REMOVAL (Specify) Burial Jan. 21, 1962 Parsons (
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
HOLLOWAY & COMPANY SALISBURY MARY	14.0 00100 0010
HOLLDWAL & COMPANT SALISDUAL, MAR.	YLAND DATE DATE DATE LE DE L'AND DATE

TO ST VE HILL THE TANK THE January Charles and Control have a first beautiful of the land of the Michael by adjusted at it for THE SAME SALES AND A SAME SALES AND ASSESSMENT OF THE SAME SALES A OM Lagest Parky act Description C. Il Creek and House Block Block Common and THE LOW COMMENT OF THE PARTY OF THE PARTY. A BOTTOMA & CONFERE STATEMENT SERVICE OF A SECTION OF A S

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after in by the funer TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 death. Page may be retained by the hospital or attending physician. TO FUNE. DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Leges 1 and director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Leges 1 and be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after de VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1324

CERTIFICATE OF DEATH

11307

	a. COUNTY	2. USUAL RESIDENCE (Where dacaased lived, If institutions Rasidanca before admission)
	Wicomico MARYLAND	a. STATE MARILLAND COUNTY WORRESTER
-	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	writa RURAL and giva nearest town)	Pocomoke City 2342-2
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS
	0 1 60 1 1 0 2 1 1	ON A FARM?
	Peninsula General Hospital.	424 JANK STREET YES NOW
	3. NAME OF First Middla DECEASED	Last 4. DATE Month Day Year OF
	(Type or print) TUILLIAM Albert	JONES DEATH TANUARY 16 1962
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	MALE Colored WIDOWED DIVORCED DI	March 29 1902 Sast birthday) Months Days Hours Min.
-	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	dona during most of working life, even if retired)	Pen USA
3	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	No P - No - O - I	
-	Jour Jones	iclic Nashelds
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yes, no, or unknown) (Ifyasgivawarordatesofsarvica)	NFORMANT
	NO	times Jones - Jocamore, md.
	18. CAUSE OF DEATH [Enter only one cause per lina for (a) (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: Cerebral He	morrhane 3 less
	3 V DUE TO	
	Condition 1	
	Conditions, if any, which gava risa to immadiate cause	
	(a), stating the underlying DUE TO	
	cause lasi. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	Unterioscleratic Hear	I PESERSE YES NO 4
		(Enter nature of injury in Part I or Part II of item 18.)
	OR CONTRIBUTING CAUSE OF DEATH USE (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLA	CE OF INJURY (Home, farm, † 20f. (City or town) (County) (State)
	at work at work	ory, streat, office bldg., etc.)
		1/12 1/2 1/16 1621
	21. I certify that (I) (this hospital) attended the deceased from	-0.499
	saw the deceased alive on	death occured and M., from the causes and on the date stated above.
	222. JIGNATURE	ATTENDING MED STAFF 22b. DATE
	Wares Italiane M	BUNG DIRECTOR DIRECTOR
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type)	Salishory md.
1	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Slata)
	REMOVAL (Specify) 1-20-62- CAPTORD	Here Westrier md.
1	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
,	Color 110 to - month	
1.	conjus unation - row ceresen, O	4 DATE JAN 19'62

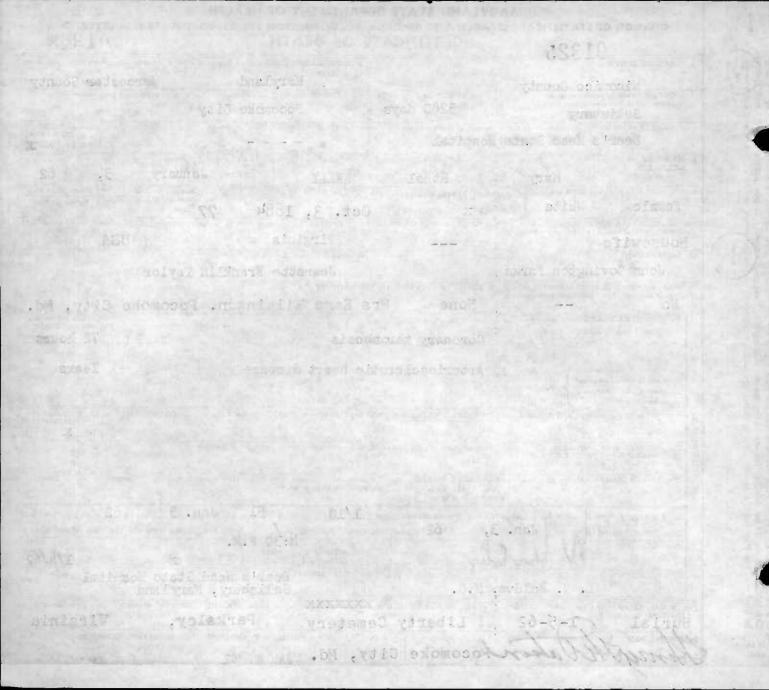
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affer		TO FUNE. DIRECTOR: After this certificate has been signed by the attending physician and completely d in by the funeral	director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Jes 1 and 2-strould	10
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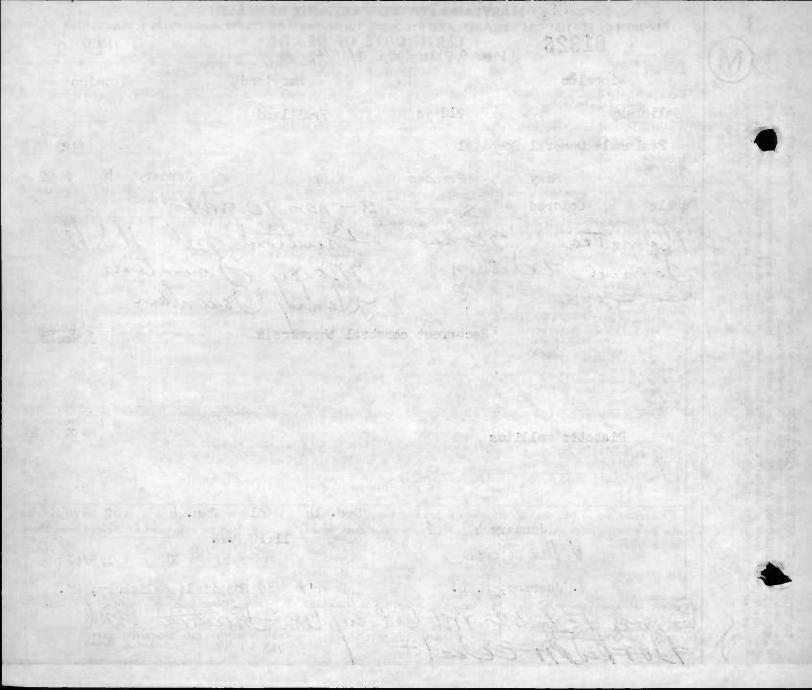
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а. b.	write RURAL en	omico Coun- lif outside comporete lid d give nearast town) isbury	mils,	c. LENGTH OF STA	lays	c. CITY OR TOW	ryland	b. COU	Worces	ster	Cou	inty
d.		rts Head St		hospitel, give street edd Hospital	ress)	d. STREET ADDRE	55					A FARM?
DI	AME OF ECEASED ype or print)	Mary		Middle Ethel		Last	4. DATE OF DEATI	Moni H Janua		Day 3,	Yeer 19	62
5. SE		6. COLOR OR RAC	E 7. MA		ED 8	KELLY DATE OF BIRTH Oct. 3. 1		9. AGE (In years last birthday)	IF UNDER 1 Y	EAR IF	17	24 HRS.
Ho	ousewif	FION (Give kind of wo prking life, even if reti	red) 10	b. KIND OF BUSINESS OF	R INDUSTR	Virgin	ia	r foreign country		EN OF W	/HAT C	OUNTRY
13. F	John Co	vington Pa	arks			Jeanett		clin Tay	lor			
S (TH WAS CAUSED 8Y: IMMEDIATE CAUSE (DUE T Which liete ceuse anderlying DUE T	a) O b)	Coronary Arteriose	throm	oosis ic heart di	sease			72	hol	DEATH
CERTIFICATION	Da. ACCIDENT W	R SIGNIFICANT CON	DITIONS 20b.	CONTRIBUTING TO DEAT					VEN IN PART			NO
	F EITHER, NOTIFY Oc. TIME OF INJU Hour e.m. p.m.	MEDICAL EXAMINED JRY Month, Day, 19	feer 2	Dd. INJURY OCCURRED While Not While work at work		CE OF INJURY (Home, fory, street, office bldg.,		ty or town)	(Coun	ty)		(Stete)
S	1. I certify			ttended the decease 3,		death occured at	MED. DIRECTOR	STAFF PHYS.	and on th	e date	stated	
2	2c. PHYSICIAN'S NAME (Type	1	ldve	, M.D.			eer's H	lead Sta y, Mary	te Hosp Land	ital		
	BURIAL, CREMAT MOVAL (Specify 17181		EREOF	Libert		metery		ksley,	own or county)		(Si	nia
244	ENTER DIRECTO	HO als	in	ADDRESS POCOMOKE		25e.		STRAR 25b. RE	EGISTRAR'S SI	GNATUR	E	

MARYLAND STATE DEPARTMENT OF HEALTH



MARYL	AND S	TATE	DEP	ARTMENT	OF H	EALTH

DIVIS	SION OF STATISTICAL RESEA				TIMORE 1, A	MARYLAND
	01326	CERTIFICATI				01300
1. PLACE OF	DEATH	om 9 Film 0305	Z USUAL RESIDEN	ICE (Where deceased	lived, If institution	: Residence before edmission)
e. COUNTY	Wicomico	MARYLAND	a CTATE	land	b. COUNTY	icomico
b. CITY OR	TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16				and give nearest town)
write RL	IRAL end give neerast town)		V			
Salis		21days	d. STREET ADDRESS			e. IS RESIDENCE
	F HOSPITAL OR INSTITUTION (if not in ho		d. SIKEET ADDRESS			ON A FARM?
	insula General Hosp					YES NO
3. NAME OF DECEASE	D	Middle	Last	4. DATE OF	Month	Day Yeer
(Type or prin	Tially	Frances	King	DEATH	January	4 19 62
5. SEX	6. COLOR OR RACE 7. MARRI	IED NEVER MARRIED B	. DATE OF BIRTH		(In years IF UNDER	Deys Hours Min.
Female	Colored widow	ED DIVORCED	3-10-	10 5124	Vrs. Mortins	Deys Hours Min.
10a. USUAL O	CCUPATION (Give kind of work 10b.	KIND OF BUSINESS OR INDUSTR	Y 11. BURTHPLACE (Cou	nty & State, or foreign	country 12. C	ITIZEN OF WHAT COUNTRY
200	ost of working life, even if retired)	Zone	Built	me m	2.0 6	1.1.17
13. FATHER'S	NAME /		14. MOTHER'S MAIDEN	INAME	10	
Vilas	muel Tel	em	more	, to	unla	N
15. WAS DECE	ASED EVER IN U.S. ARMED FORCES? 16	SOCIAD SECURITY NO. 17. 1	NFORMANT	0	Addra	
(Yes, no, or unl	(It was give war or detes of service)		nland	To.	n/lein	
I IB CATE	SE OF DEATH [Entar only ona cause per	line for (a) (b) and (c) I	Menry	Jour	700	I INTERVAL BETWEEN
the state of the s		Recurrent cereb	nal throwhor	140		ONSET AND DEATH
	IMMEDIATE CAUSE (a)	recurrent cerer	TAT MILOUIDOS	2 72		3 weeks
1 3	S DUE TO					
	if eny, which (b)					
	the underlying DUE TO					
causa lest.	(c)					
Z PART	I. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDI	TION GIVEN IN PA	RT 1(e) 19. WAS AUTOPSY
Z PART OF CONTROL OR CONTROL (IF EITHER,	Dishekas walling					PERFORMED?
20a, ACCI	Diabetes mellitus DENT WAS UNDERLYING [206. DE	SCRIBE HOW INJURY OCCURED	. (Enter neture of injury in	Part I or Part II of iter	n 18.)	1100 [25]
OR CONTR	IBUTING [] CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)					
		. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fer	m, 1 20f. (City or tov	(0)	ounty) (Stata)
0	a.m. Whi		ory, street, office bldg., etc		11)	outily) (Sidia)
	p.m. 19 et wo			1		
21. I ce	rtify that (I) (this hospital) atte	nded the deceased from	Dec. 14	1501., toJar	14 1	9.62, that (I) (we) las
saw the	deceased alive onJ.anuary.		death occured at.	M, from the	causes and on	the date stated above
22e. SIGN	LATURE 1. /			LATO FAM		22b. DATE SIGNEE
	V. Juerus	au "		MED. STA		1/5/62 SIGNE
22c. PHYS			22d. ADDRESS			
NAM	V. Juerman,	M. D.	Deer's He	ad Hospita	1: Salis	burv. Md.
ZJa. BURIAL,	CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY			(City, town or cou	
MEMOVAL		mt (a)	end long	tour	Vari 1	mil
100g	IRECTOR'S LIGHTURE) ADDRESS	July Level	C'D BY REGISTRAR	25h DECISTRADO	SIGNATURE
24 FUNERAL D	har	ADDRESO	/ 1	AN 1 1 '62	25b. REGISTRAR'S	6. Mising
1710	THEN IN	1 ces	DATE			



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMOPE 1 MAS

	01327 CERTIFICA	ATE OF DEATH	01310
1.	COUNTY MARYLAND	1-10	100m100
-	D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) D. CITY OR TOWN (If outside corporate limits, write RURAL or LONG TOWN) D. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b C. LENGTH OF S	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
3.	NAME OF DECEASED Type or print) First Middle A Middle	Last 4. DATE Month OF DEATH	9 Day Year 1965
S.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years life UND) Months yrs.	Days Hours Min.
	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INEdding most of working life, even if retired) Own Home	Maryland 1	TIZEN OF WHAT COUNTRY?
15.		14. MOTHER'S MAIDEN, NAME LE ZECH MOCKE Address	- 11
(4,0	1B. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).]	era Horner, Quantico	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cause (a), stoting the under-lying couse last. (c)	otic cardiovare disease qu	minutes IV 10 yr
CERTIFICATION	Part II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH B</u>		ART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I or Part II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Haur a. m. p. m. 19 20d. INJURY OCCURRED While at wark at wark	PLACE OF INJURY (Hame, farm, 20f. (City or town) foctory, street, office bldg., etc.)	(County) (State)
	21. I certify that (1) this haspital) attended the deceased from saw the deceased alive on 1/28/62 19, and that	n	he date stated abave.
	22c. PHYSICIAN'S NAME (Type)	M.D. ATTENDING MED. STAFF PHYS. 22d. ADDRESS	22b. DATE 51GNED
23	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d LOCATION (City, town, or county	(State)
24	FONERAL DIRECTOR'S SIGNATURE BUZZINO MADDRESS NO ADDRESS NO ADDRES	250. REC'D BY REGISTRAR 25b. REGISTRAR'S DATE FEB 1 2 CAX	SIGNATURE hun S. Kings

TO HOSPITAL may be ret TO FUNERAL VR A1S (4) 1SM 9/S9

HEAT TO STRUCK IS OF USA'SH Tenta Congette foilus mande Cottonwoodingte continue duran 3th 10 year - 120 marie 120 1200 -Otherto Mater ME

25b. REGISTRAR'S SIGNATURE

	01328 CERTIFIC	ATE OF DEATH
	1. PLACE OF DEATH o. COUNTY Wicomico MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Wicomico
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) Salisbury	b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2 Salisbury
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Box# 20 Cherryway	d. STREET ADDRESS #20 Cherryway e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
	3. NAME OF First Middle DECEASED (Type or print) JOHN HANDY	LITTLETON 4. DATE Month Doy Yeor DEATH JANUARY 15 19 62
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	last Dirthady) Months Daws Hours Min
	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Laborer None	Whayleville, Maryland USA
	John Wesley Littleton	Ellen Cooper
	1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	Mrs Bessie K. Jones (Daughter) o Cherry way - Salisbury, Maryland
	1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (a), stating the under: DUE TO	y artes selection interval Between ONSET AND DEATH ONSET AND D
	Part II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF CONTRIBUTING TO DEATH OF CONTRIBUTING TO DEATH OF CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO REED. (Enter noture of injury in Port I or Port II of item 18.)
1	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e Hour o. m. 19 While Not while	PLACE OF INJURY (Hame, farm, foctory, street, office bldg., etc.)
	21. I certify that (I) (this happital) attended the deceased fro	m1956, to Jack 15 , 1962, that (I) (we) last at death accurred atM, from the causes and an the date stated above.
	22a. Spartick	M.D. ATTENDING W MED. STAFF Jan. 22b. DATE SIGNED PHYS. Jan. 196
	NAME (Type) L.V. Sohler	Delmar, Maryland
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER BURIAL Jan. 18, 1962 Rehobeth	Y OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) Cemetery Worcester Co. Maryland

SALISBURY, MARYLAND

ADDRESS

Cemetery

2Sa. REC'D BY REGISTRAR DATE JAN 2 2 '62

TO HOSPITAL 30R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 i by the haspital ar attending physician.

ECTOR: After this certificate has been signed by the attending physician and campletely filled in may be rem pog the VR A15 (4) 1SM 9/59

e funeral directar,

24, FUNERAL DIRECTOR'S SIGNATURE

COMPANY

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral USUAL RESIDENCE (Where daceesed lived, If institution: Rasidenca before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Wicomico the day 15000 MARYLAND and b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) by write RURAL and give nearest town Salisbury .57 od. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS Schumaker Road completely NAME OF DATE Middle DECEASED OF (Type or print) T.ETTY LOWE carbon 7. MARRIED Y NEVER MANNIEU and Dec. 10, 1909 WIDOWED DIVORCED F physician 12. CITIZEN OF WHAT COUNTRY? 106. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) House Work at Home Salisbury, Maryland None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ding Ora E.Pollitt Harry Lee affend 15. WAS DECEASED EVER IN U.S. ARMED FORCES? M. Lowe (Husband) Schumaker Rd 16. SOCIAL SECURITY NO. INFORMAN] (Yes, no, or unkown) (Ifyesgive werordetesofservice) sbury Maryland INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: physic IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (a), stating tha underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter netura of injury in Pert I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, ferm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., atc.) Hour e.m. While Not While at work et work saw the deceased alive on..... 22e. SIGNATURE ATTENDING DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typ)r. William B. Smith Salisbury, Maryland eth. Par 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 表毒 Pollitt Family Cemetery-R.D.# 0 Salisbury. 25m. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) SALISBURY, MARYLAND HOLLOWAY & COMPANY 15M 9/60 arthur & Kenne

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

YES NO

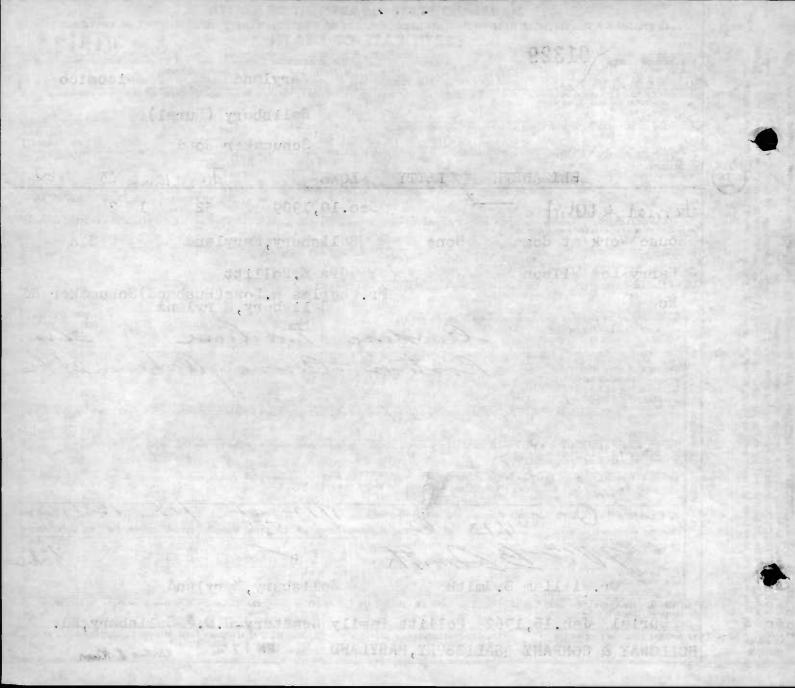
PERFORMED? NO Z

(Stata)

22b. DATE

SIGNED

19



					0
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	•	tely in by the funeral	director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, hages 1 and 2 should	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.	(
be execut		nd comple	rbon pap	within 72	
certificate		physician ar	remove ca	any event,	
the death		aftending	hen please	ral, and in	
tuires that	ysician.	ed by the	permit. I	, or remov	
The law rec	ittending ph	s been sign	ourial-transit	al, cremation	
HYSICIAN:	he hospital or a	iis certificate ha	for use as the	h prior to buria	
ATTENDING !	death. Page may be retained by the hospital or attending physician.	CIOR: After th	ld be detached	e Dept. of Healt	
TAL OR	may I	DIRE	sage 3 shou	rith the Stat	
O HOSPI	death. Pak	O FUNE	director, p	w beliled w	

VR A15 (4)

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decased lived, If institution; Residence before edmission) a. COUNTY e. STATE b. COUNTY Wicomico Worcester | MARYLAND Maryland b. CITY OR TOWN (if outside corporete limits. c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearast town) c. LENGTH OF STAY IN 16 write RURAL and give neerest fown) LiMos. 7Days Pocomoke ----Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Deer's Head State Hospital YES NO X 513 Laurel Street 3. NAME OF Firet 4. DATE Middle Last Month Dey Year DECEASED (Type or print) DEATH 19 62 John 6 Mays January 6. COLOR OR RACE 7. MARRIED K NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) | Months Devs Hours Negro Male WIDOWED DIVORCED January 6, 1919 13 yrs. 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Unk. U. S. A. Unk. Alabama 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lucy Maibly John Mays 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes givawar or dates of service) Hospital Records -- Salisbury, Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse pendine for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) geve rise to immediate ceusa DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO T 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH Month, Dev. Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) Whila Not While Hour e.m. et work et work p.m 19...., to 1/6/62...., 19...., that (I) (we) last19......., and that death occurred at 10.4M, from the causes and on the date stated above.

20c. TIME OF INJURY 21. I certify that (I) (this hospital) attended the deceased from ...

saw the deceased alivel 05A.M. 22b. DATE 22e. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. January 6. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) L. V. Maldve Salisbury, Maryland

23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify)

250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE '62 arthur & Kenny

24 FUNERAL DIRECTOR'S SIGNATUR ADDRESS

DATE

(State)

The state of the s -Male district a collection -- about I thousand words . ender weekson the correspect.

funeral the d 2 and 2 death. þ 5within executed carbon withi and physician remove attending ple þ signed burial-transit has been the buris certificate Se use After this detached may be retaine DIRECTOR: should 3 FUNN director, pe filed v VR A15 (4)_

15M 9/60

23e. BURIAL, CREMATION, | 23h.

DATE THEREOF

DIVISION OF STATISTICAL RESEARCH AND RECORDS. ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY 100m MARYLAND Dm erse b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) 0 . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress ON A FARM? YES NO erah NAME OF Middle 4. DATE Month Dey Year DECEASED OF (Type or print) DEATH 19 anualz 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yeers | IF UNDER I YEAR DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months Hours WIDOWED T DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dege during most of working life, even if retired) 13. FATHER'S NAME U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yas, no, or unkown) | (Ifyes give war or dates of servica) 18. CAUSE OF DEATH [Enter only one ceuse penline for (e), (b), end (c).] ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to Immediate cause DUE TO (a), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY PERFORMED? NO Z 20e. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED I (County) (Stete) factory, street, office bldg., etc.) While Not While Hour a.m. et work et work p.m 21. I certify that (I) (this hospital) ettended the deceased from... 19. 2 and that death occured at .A.M. from the causes and on the date stated above. saw the deceased atte on. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. STAFF

DIRECTOR PHYS. PHYS. M.D

23d. LOCATION (City, town or county)

(Stete)

22c. PHYSICIAN'S 22d. ADDRESS NAME (Type)

NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR'S SIGNATUR

arthur & Kross

Male White Oct./17.89/ 70 Canner Canning Kings Creekling 21.5,A Sydney Miller Margaret Barnes King Miller In Kingess Ame THE STATE OF THE S Satist Yull on Presbyterian Cem. Pincass Hone, Ind Langer Market Carner Prances One her all the second

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HE	A	LT	H	DE	PT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the restificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retain or your files.

TO FUNERA, DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Stail and of Health, or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

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dire	Pr.	Sard	
unera	dain	101	or its designated agent, prior ta burial, crematian, ar remoral, and in any event within 72 hours after death.
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			TE DEPARTM				8	
1	01332	MEDICAL	EXAMINER'	CERTIFICA	IE OF D	EAIH	Reg. Dist. No.	01215
1	PLACE OF DEATH COUNTY Wicomi	co	MARYLAND	2. USUAL RESIDENCE	(Where deceased I	ived. If institution b. COUNTY	Wico	
1	b. CITY OR TOWN Itt outside corporate limit		LENGTH OF STAY IN 16	c. CITY OR TOWN	9	te limits, write RL		
	(Rural) Salisb	ury			isbury	(Rural		
	d. Name of Hospital or Institution R , D , $\#$. give street address)	d. STREET ADDRESS	0.# 1			e. IS RESIDENCE ON A FARM? YES A NO
-	3. NAME OF DECEASED	First	Middle	Lost	4. DATE	Month	Doy	Yeor
	4T	DNEY	WILLIAM	MORGAN	OF DEATH	JANUA	RY 22	19 62
1	6. COLOR OR R	ACE 7. MARRIED	NEVER MARRIED	. DATE OF BIRTH	9. /	AGE (In years II	UNDER TYEAR	IF UNDER 24 HRS
	Male Whit			March 8,18	377	84 yrs. 1	10 Day 4	Hours Min.
1	Oa. USUAL OCCUPATION (Give kind of viduring most of warking life, even if reti	vark done 10b. KIND	OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stol		7)	12. CITIZEN OF	WHAT COUNTRY
-	Laborer-Meat Pa		ant	Crisfiel	d, Mary	Land	U	SA
	13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
1	Sidney Moogan			Elizabet	h Young	70		
	15. WAS DECEASED EVER IN U. S. ARMEI (Yes. no. er unknown) (If yes, give war er da		IAL SECURITY NO. 17. 1	Randall M	lorgan(S	Son Adbb	ott Dr	ive
	18. CAUSE OF DEATH [Enter only on	e cause per lipe far (a), (b), and (c).]	/1	10		INTER	AL BETWEEN
1	PART I. DEATH WAS CAUSED IMMEDIATE CAUSE	BY; SE (o)	terrock	the / des	The ben	rune	4	AND DEATH
I	TA NOUI	E TO					1	
ł	Canditians, if any, which	(b)						
L	gove rise to immediate couse ((o), stoting the underlying (E 10						
	couse lost.	(c)						
	PART II. OTHER SIGNIFICANT 20g. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	CONDITIONS CONTR	BUTING TO DEATH BUT I	NOT RELATED TO THE TERM	MINAL DISEASE CO	ONDITION GIVEN		PERFORMED?
		20b. DESCRIBE HO	W INJURY OCCURRED. (I	nter nature of injury in Po	ert I ar Part II of i	tem 18.)		
	20c. TIME OF INJURY Month, Day Hour a. m. p. m.	While	RY OCCURRED 20e. PLA Not while at wark	CE OF INJURY (Hame, for ory, street, office bldg., et	m. 20f. (City or 1	own)	(County)	(State)
1	21. I certify that I took cho	orge of the rem	oins described abo	ve, held on Autop	sy , Inspe	ection K).	Inquiry 7	and in my
	opinion deoth resulted from	: Natural caus	es 🔯, Accident	, Suicide ,	Homicide		nined monne	
	ACTUAL SIGNATURE	T 12	X	_M.D. CHIEF MEDICAL E				DATE SIGNED
		en Ave. S	alisbury, M	ASSISTANT MEDICAL	_	J	an. 23	/1962
1	120. BURIAL, CREMATION, 226. DATE THE REMOVAL (Specify) Jan. 2		NAME OF CEMETERY OR PISFIELD M		1	(City, town, or o		(State)
2	3. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS		D BY REGISTRAR	24b. REGISTR	AR'S SIGNATURE	
	HOLLOWAY & COMP.	ANY SAL	ISBURY, MAR	YLAND DATE	JAN 2 6 '62	Ciri	hur S. Fran	M.

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MARYLAND	STATE	DEPARTMENT	OF HEALTH
ON OF STATISTICAL	RESEARCH	AND RECORDS - B.	ALTIMORE 1 MARY

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	CERTIFICA	TE OF DEATH	01216
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Resid	ence before admission)
Wicomico	MARYLAND	o. STATE Maryland b. COUNTY Wi	comico
b. CITY OR TOWN (If outside corporate limits, write RURAL and give_nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and	d give nearest town)
Fruitland		X Fruitland	
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION O. BOX# 44 (At		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
P.O. Box# 44(At	Home)	P.O.Box# 44 (At Hom	e) YES NO 🔀
3. NAME OF First DECEASED (Type or print) MILTON	Middle THOMAS	OWENS 4. DATE OF OF DEATH JANUARY	Day Yeor 5th 19 62
5. SEX 6. COLOR OR RACE 7. MARK	RIED NEVER MARRIED		ER 1 YEAR IF UNDER 24 HRS.
Male White WIDOW		March 2,1898 G3 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of wark dane 10b. during mast of warking life, even if retired)	KIND OF BUSINESS OR INDU		ITIZEN OF WHAT COUNTRY?
Barber-Operated Own S	Shop	Cambridge, Maryland	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
William E. Owens		Fannie Cora Carpenter	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no, or unknown) (If yes, give war or dates of service)	M	rs.Beulah H.Owens(Wife)R.O Main St. Fruitland, Maryl	.Box#44
18. CAUSE OF DEATH [Enter only one couse per lin		Tall by Flattiana, Hary	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	CORON AT	2 y Throm bosis	ONSET AND DEATH
DUE TO			
Conditions, if any, which) (b)			
gove rise to immediate Couse (o), stating the under-			
lying couse lost. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P.	ART 1(o) 19. WAS AUTOPSY PERFORMED?
ICAT			YES NO NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in Part I or Port II of item 18.)	
- 1	£ ₀	ACE OF INJURY (Home, farm, 20f. (City or town)	(County) (State)
Haur o. m. N/A 19 While of wor	IAOI MIIIE	N/A N/A	
21. I certify that (I) (this hospital) attend	ded the deceased fram.	Jan 5 1962 to On 19	6 7 that (I) (we) last
saw the deceased alive an Can	1962 and that		.,,
22o. SIGNATURE	All		22b. DATE
Kalt 1/1	Mais	M.D. ATTENDING MED. STAFF PHYS. Jan	n. 1 /1.962
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS	
NAME (Type) r. Robert T. Ad	kins	Fruitland, Maryland	
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, town, ar county	(Stote)
Burial Jan. 7, 1962		emorial Park Salisbury, Ma	aryland
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'D BY REGISTRAR 25b, REGISTRÂR'S	O 1 - 10
HOLLOWAY & COMPANY S	ALISBURY, MAI	RYLAND DATE JAN 8 162	1, / V/04/08



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11	33	4		
-	The Real Property lies	_	 	

1. PLACE OF DEATH o. COUNTY	Wicomico		M	ARYLAND	A STATE	Mary]		d lived. If instituti b. COUNTY		e before adm	issian)
b. CITY OR TOWN RURAL and give	(If outside corporate liminearest tawn) Parsonsb		c. LENGTH OF S	TAY IN 1b	1/		outside corpo	rote limits, write R	RURAL ond gi	ve nearest to	wn)
d, NAME OF HOSP OR INSTITUTION	R.D.# 1	jive street	oddress)		d. STREET A	DDRESS	<i>‡</i> 1			e. IS R ON YES	A FARM?
3. NAME OF DECEASED (Type or print)	LAR		PRETTY	MAN	PARKE		4. DATE OF DEATH	JANU		26th	Year 19 62
S. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MA	ARRIED 🛣	B. DATE OF BIRTI	1		9. AGE (In years last birthday)		YEAR IF UN	_
Male	White	WIDOW	ED DIVO	ORCED 🗌	Sept.9	188	32	79 yrs.	Manths I	Ty Hour	s Min.
10a. USUAL OCCUPAT during most of wo Merchan	ION (Give kind af wark orking life, even if retired) _		ss or indu	R.D.			nsburg.		U S	
13. FATHER'S NAME					14. MOTHER'S						
Joshua	J.Parker				Laver	nia W	Vorkma	an			
15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY	NO. 1	SS Del:	la M.	Park	er(Sist	er)R.	D.# 1	
1B. CAUSE OF DI	ATH [Enter anly ane ca	use per/li	ne far (a), (b), and	(c).]		0 0				INTERVAL	
PART I. DE	ATH WAS CAUSED BY:	Ch	rtuc	2114	reaca	ilia	,			ONSELAN	D DEATH
145	DUE TO			11					No. leading		
Conditions, if	any, which	,		1/							
gave rise ta	immediate (1									
lying cause lost	g the under-	,								1500	
Z PART JI. D	THER SIGNIFICANT GON	DITIONS	CONTRIBUTING TO	DADEATH BUT	NOT RELATED	THETERMI	INAL DISEAS	E CONDITION GI	VEN IN PART	1(o) 19. WA	SAUTOPSY
I MAN	N. SILAMA	Tru	Carno		ection					YES [OKWEDS
PART II. OF WILLIAM OR CONTRIBUTION OR CONTRIBUTION (IF EITHER, NOTIF	/AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b/ DES	CRIBE HOW INSUIT			f injury in I	Part I or Por	t II of item 18.)			
		or 20d. I	NJURY OCCURRED	20e. Pl	ACE OF INJURY (Home, farm	, 20f. (City	or tawn)	(Co	ounty)	(State)
20c. TIME OF INJU Haur a. m. p. m.	NT / A 10	While at war		fo]	otory, street, office	bldg., etc.	.)	N/A			
	at (1) (this haspital) attend	ded the decea	sed fram.	Hearth occurred	7:00	A Ma	the causes ar		that (1)	
22a. SMONATURE	dised diffe on L)	17.17	und muly	aedili occorret	3 01	.m, 110111	me cooses ui	id on the		22b. DATE
Ika	11K/ to	we	N		M.D. PHYS.	ME ME	ED.	STAFF PHYS.	Jan.	27 /	7 365
22c. PHYSICIAN'S	140 02			0.15	22d. ADDRI						22/02
NAME (Type)	r.Frank R	. Lew	is		W11:	lards	s, Ma:	ryland			
	ON. 23b. DATE THEREC)F	23c. NAME OF					TION (City, town,			ote)
24. FUNERAL DIRECTO		1902	ADDRESS	ons c	emeter		D BY REGIST	lisbury	STRAR'S SIG		
	& COMPAN	Y S	ALISBUR	Y, MAE	RYLAND		3 0 '62		MY S. Th		

TO FUNERAY VR A15 (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

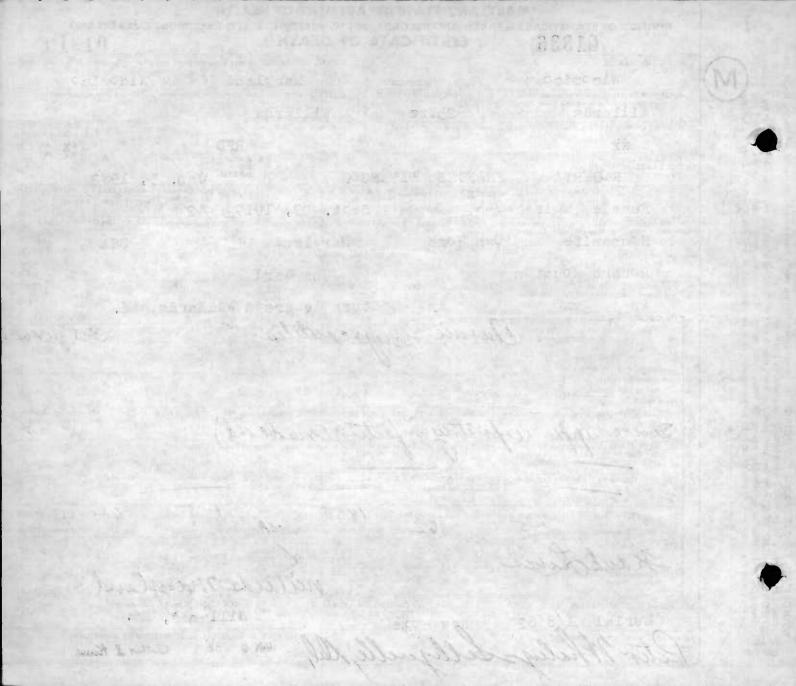
1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence Defore admission)
Wicomico MARYLAND	MARYLAND 6. COUNTY WICOMICO
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN If outside corporete limits, write RURAL end give neerest town)
SALISBURY	X PARSONS BURG
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE
PENINSULA GENERAL HOSPITAL	Route #50 (In Village) YES NOX
3. NAME OF First Middle	Last 4. DATE Month Dey Yeer
DECEASED	OF
FOUISE LEIGHOUTH	PARSONS DEATH JANUARY 7 1962. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
MAKKIED NEVER MAKKIED	lest birthdey) Months Days Hours Min.
	ugust 2,1901 60 yrs.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Secretary-Real Estate Office	Parsonsburg, Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Laird W. Parsons (Deceased)	Carrie Bailey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yes, no, or unkown) (Ifyesgivewerordetesofservice)	NFORMANT PONCONG (Mo + hear)
NO	Parsonsburg, Maryland
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Preumonia	- Lus to Profeus ONSH AND DEATH
5 2.5 X DUE TO C 1 0 (1
Conditions, if eny, which) (b) Clark Intersti	List Telymin 4/2 years
geve rise to immediate ceuse	1 = 761
(e), steting the underlying DUE TO	Riel Diagram
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED?
ICA I	YES NO
OR CONTRIBUTING CAUSE OF DEATH	. (Enter nature of injury in Pert I or Part II of item 18.)
IN/A	or or willing the control of the con
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) ory, street, office bldg., etc.)
p.m. N/A 19 at work et work	
21. I certify that (I) (this hospitel) attended the deceased from	May , 1957, to the / , 1962, that (1) (no) last
	death occurred at 1.25M, from the causes and on the date stated above.
220. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
Thomas C. Hill h M	auto Filmono Diante
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) r. Thomas C. Hill Jr.	Pine Bluff Road Salisbury, Maryland
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify) Jan. 10, 1962 Parsonsburg	Cemetery Parsonsburg, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
HOLLOWAY & COMPANY SALISBURY. MARY	TLAND DATE JAN 9 '62 Outly & Kens

, " SAMMA JULI DIE INGE Shirt addoctory PERSONALLY GENERAL HESPTAL HOUSE 150 TIMESTAL LINES LAND HOUSE ENEMBER LINEARY THEREING I STUDY Females Line To Lond 1 100 1 100 1 100 1 100 1 100 1 CONTROL OF THE PROPERTY OF THE verted general theretay innorms der Control Same and Alexander and the second of the party of the second of Dr. Teores C. 11: It. V . itse Stuff word - Dritting or yield buriel dim. 15, 1952 daracrafturs Densitary Consessing Corryland CELL HOLDER WITH SECONDERS SENERGE HEALTH BY THE BY THE SECONDERS WINDOWS AND A SECONDERS OF THE SECONDERS AND ASSESSMENT OF THE SECONDERS OF

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01336 CERTIFICATE OF DEATH

),	PLACE OF DEATH OCCUPY Wicomico	MARYLAND	e. STATE Marvland b. COUNTY Wic Omic O	ission)
1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)	
, -	d. NAME OF HOSPITAL OR INSTITUTION (if not in		d. STREET ADDRESS a. tS RESID	
	xx		RFD ON A F	-
3.	NAME OF First	Middle	Last 4. DATE Month Dey Year	
	(Type or print) R OBERTA F.	RANCES PETER	SON OF DEATH Jan. 5, 1962 19	
5.	273 - 3 - 3113 - 1 -	THE TEX MARKED	Sept. 29, 1919 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 Hours A	HRS
	one during most of working life, even if ratirad)		Maryland USA	NTRY?
13	. FATHER'S NAME	111111111111111111111111111111111111111	14. MOTHER'S MAIDEN NAME	
	Robert Houston		Una Ward	
	es, no, or unkown) (Ifyesgivewerordatesofservice)	16. SOCIAL SECURITY NO. 17.		
=	XX XX 18. CAUSE OF DEATH [Enter only one cause page 2]	XX S	tura Peterson Willards, Md. INTERVAL BETWE	C) (
NO.	Conditions, if any; which gave rise to immediate cause (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS		on related to the terminal disease condition given in Part 1(0) 19. Was aut	
CERTIFICATION	Devel up the ref. 200. ACCIDENT WAS UND KLYING 200. OR CONTRIBUTING AUSE OF DEATH (IF EITHER, NOTIEY MEDICAL EXAMINER)	matry injury occured	PERFORM YES NO . (Enter nature of injury in Pert I or Part II of item 18.)	
MEDICAL	Hour a.m. W		CE OF INJURY (Home, farm, 20f. (City or town) (County) (Statest, office bldg., etc.)	ita)
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		death occured al.A.M., from the causes and on the date stated a	
	220. SIGNATURE RAUL Jawes 22c. PHYSICIAN'S	N	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22b. D	ATE
1	NAME (Type)		nillaids maryland	
23	REMOVAL (Specify) 1/8/62	23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, lown or county) (Stell) Willards, Md.	
. 24	Tites Whaley	Sellywell	Le Mil DATE JAN 9 '62 256. REGISTRAR'S SIGNATURE CITCHIN & KILLES	



Division of STATISTICAL RESEARCH AND RECO W. PRESTON STREET, BALTIMORE 1, MARYLAND OR STATE USUAL RESIDENCE (Where decaesad livad, If institution: Rasidenca bafore edmission) PLACE OF DEATH ector. Page your files. a. COUNTY Health, e. STATE b. COUNTY Wicomico MARYLAND Marvland Wicomico b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) your write RURAL end give nearest town) 40 Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ould be executed within 24 hours after death. If any detail in pencil in Item 18. Give Pages 1, 2, and 3 to the funer. Office along with form PM2-Page 5 may be retained burial-transit permit. File pages 1 and 2 with the State burial-transit permit. YES NO Peninsula Hospital Blvd General Manoa DATE Month Day Yea DECEASED OF (Typa or print) DEATH 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 19 Postley 5. SEX 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years last birthday) Months Hours Min. WIDOWED T DIVORCED USUAN OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, evan if ratired) nsuur MATHER'S NAME MOTHER'S MAIDEN NAM STORCEASED EVER IN D.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. 17. , or unkown) | (If yas give we rordatas of service CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute pulmorary edema Hours removal, DUE TO Conditions, if any, Aortic stenosis (b) Years "pending" gava rise to immadiate cause 10 's certificate, writing the word "pending' varded to the Chief Medical Examiner's DUE TO (e), steting the undarlying be used as 0 cause lest. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS MUTOPSY CERTIFICATION PERFORMED plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Pert II of itam 18.) PRIMARY TO OF CONTRIBUTING TO burial, CAUSE OF DEATH. orwarded to the Chief DIRECTOR: Page 3 WEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20a, PLACE OF INJURY (Homa, farm, 1 20f. (City or town) Month, Day, Year (County) (Stete) factory, street, office bldg., etc.) 0 Hour e.m. While Not Whila at work at work prior p.m. FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy \ Inspection Inquiry and in my opinion designated agent, death resulted from: Natural causes Suicide Undetermined manner Accident Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER should be DEPUTY Roy EXAMINER'S 1-3-62 NAME (Type) Address (Streat, city, town, or county) BURIAL, CREMATION. LOCATION (City flown, or country) (Stete) REMOVAL (Spacify) 40 23. FUNERAL DIRECTOR REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE A15ME andhun & Thouse DATE

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02537

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE	CE (Where de			idence before a	dmission)
Wicomico	MARYLAND	a. STATE	land	b. COUN	ITY S	omerset	
b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I		orete limits, write	RURAL and g	ive neerest tow	(n)
Salisbury	3,117 days	Marion S	tation		19	x . 2	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospit	al, give street address)	d. STREET ADDRESS					ESIDENCE
Deer's Head State Hospit	al	RFD					A FARM?
3. NAME OF First DECEASED	Middle	Last	4. DATE OF	Month		Dey Year	r
(Type or print) Page	E.	Pusey	DEATH	Janu	lary	31 19	62
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED B	. DATE OF BIRTH	9.	AGE (In yeers	mrs.		
Male White WIDOWED		18	72	last birthday) 89 yrs.	Months Da	ys Hours	Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIN	O OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Count	ly & State, or f	oreign country)	12. CITIZE	N OF WHAT	OUNTRY?
dona during most of working life, even if retired) Sawyer	umber	Maryland			US	Α	
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			**	
Levin Fusey		Unknown					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SC	CIAL SECURITY NO. 17.	NFORMANT		Address			
(Yes, no, or unkown) (Ifyes give war or detes of service) No None 212	-16-1609 Mr	s. Lola Gayl	or. Was	hington	. D. C		
18. CAUSE OF DEATH [Enter only one ceusa per line			,		,	INTERVAL BET	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pul	monary edema					12 ho	
1 2 Jour to	monary edema		-			12 110	urs_
	eriosclerotic	cami ovascu	lar die	0250		Years	
gave risa to immedieta ceuse	0110001010010	Odrazovasou.	rar ars	Casc		Lears	
Art.	eriosclerosis	. general				Years	
(0)			IAL DISEASE C	ONDITION GIV	EN IN PART 10		UTOPSY
CA110						PERFC	RMED?
OR CONTRIBUTING CAUSE OF DEATH	IBE HOW INJURY OCCURED	. (Enter neture of injury in F	Part I or Pert II	of item 18.)			
20c. TIME OF INJURY Month, Day, Yeer Hour a.m. While et work [CE OF INJURY (Home, farm ory, street, office bldg., etc.		or town)	(County	()	(Stete)
21. I certify that (I) (this hospital) attende	d the deceased from	July 20	1953., to	Jan. 31	, 19.6	2 that (I) (we) last
saw the deceased alive onJan. 31							
22e. SIGNATURE		10:	37 P.M.				. DATE
V. Juerno	W. M		RECTOR	PHYS. X		2/1/	SIGNED
22c. PHYSICIAN'S NAME (Type) V. Juerman, M.		Deer's Head	d Hospi	tal; Sa	lisbur		
	3c. NAME OF CEMETERY	OR CREMATORY	23d. LOCA	TION (City, tov	vn or county)	(5)	tete)
DEMOVAL (Specify)	St. Paul's Ce	metery	Mario	n Stati	on, Md		
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGIST	RAR 25b. REC	GISTRAR'S SIG	SNATURE	
Bradshaw & Sons, Crisfield,	Md.	DATE	FEB 7	62	inling &	. Trans	

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CEPTIEICATE OF DEATH 01330

1	1. PLACE OF DEATH •. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence	before edmission)
Ш	441.	e. STATE b. COUNTY)
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR JOWN (If outside corporate limits, write RURAL and give ne	
	write RURAL end-give neerest town)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Satisbury 4 pm	Satisburg ld	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE
6	Done and H and	2011/	ON A FARM?
-	3. NAME OF First Middle	10 f Hayward Hue	L. Land
3	3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey	Yeer
	(Type or print) Beatrice Ethel Re	2 staul DEATH January	1962
	5. SEX 6. COLOR OR RACE 7. MARRIED B	. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR II	F UNDER 24 HRS.
	1	last bigthdey) Months Deys	Hours Min.
	temate White WIDOWED DIVORCED	uls 29 1901 07 yrs.	
1	10e. USUAL OCCUPATION (Give kind of work done during most of working life, son if retired)	Y 11 PHOPPLACE (County & State or foreign country) 12. CITIZEN OF	WHAT COUNTRY?
	done during those of vorting life, teen if refired)	Man and 11	XX
	13. EATHERYS MAME	14. MOTHER'S MAIDENAME,	7,4
	13. Control of the second	14. MOTHER'S MAIDEN MAME.	
	11110000	Man Mounanes	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	INPORMANT Address	
	(Yes, no, or unkown) (Ifyesgivewerordetesofservice)		
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]		RVAL BETWEEN ET AND DEATH
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ful mon are	elleana.	4-Kes
	160.	2	
	DUE TO DUE TO	han I len l	2
	Conditions, if ent, which (b) Conces WCC	neur juice	2000
	geve rise to immediate cause	1	
	(e), steting the underlying cause lest.	nellelle	12 cm
9		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19.	WAS MITORSY
1	O PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATT BUT NO.	THE TENNINAL DISEASE CONDITION GIVEN IN TAKE 1(4) 17.	PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	YE	S NO
	프 200. ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Pert I or Pert II of item 1B.)	
	OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)		

	0	ACE OF INJURY (Home, farm, 20f. (City or town) (County) tory, street, office bldg., etc.)	(Stete)
	Hour e.m. While Not While et work et work		
		July 1 10/2 1 7 1 10/2 1	. (1) () []
	21. 1 certify that (I) (this nospiral) attended the deceased from.	1000	
	saw the deceased alive on	death occured at the from the causes and on the date	e stated above.
	22e. SIGRATURE		22b. DATE
	6 Jemes A. Mennes	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	SIGNED
	122c. PHYSICIAN'S	22d. ADDRESS	
	NAME (Type)	F1: +0: 00 711-1	
		Francisco, Ma.	
	BURIAL, CREMATION 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 27d. LOCATION (City, town or county)	(Stete)
1	MEMOVAL (Specify) 1- 4-62 Traco	amotor VIII Tlanser	MI
	THE PART PROPERTY OF SCHOOL SECTION AND APPROPERTY	25 REC'D BY REGISTRAR 256, REGISTRAR SIGNATU	IDE OF
	24 PUDERAL DIRECTOR'S SIGNATURE APPRESS	255 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATU	/
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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3	13	340	CERT	IFICATE	OF	DEATH

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Micomico Maryland Micomico Micomico Maryland Micomico			PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Whara deceased lived, If institution: Rasional Country)								
b. CITY OF TOWN Iff Justide copporate limits, write RURAL and give nested town) Salisbury d. NAME OF HOSPITAL OR INSTITUTION (i) not in hospital, give street address) Deer's Head State Hospital S. NAME OF DEET'S HEAD STATE Month Day Year Frances Richardson DAY OF DEATH January 26 19 1962 S. DATE OF BIRTH J. AGE In year If UNDER 24 HRS. Fomale White Whowe Divorce Divor				o. STATE Maryland b. COUNTY Wicc	omico							
Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospista), give street address) Deer's Head State Hospital R.D.# 5 (Quantico Rd) R.D.# 5 (Quantico Rd) TSS NO Year DECRASED (Type or print) DETTILE DETTILE S. SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED NO NOT PRINTING NO NOTE NO			b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and gi	va nearest town)							
d. NAME OF HOSPITAL OR INSTITUTION (if no in beaplia), give street address) Deer's Head State Hospital R.D.#5 (Quantico Rd) R.D.#5 (Quantico Rd) PATE OF THE Month OF THE MINDS PROPERTY OF THE MI		1	075 075 707	vs X Salisbury								
Deer's Head State Hospital R.D.# 5 (Quantico Rd) Yes No Decraces First Addids Last Packers Month Dev Yes No Decraced Type or print) 5. SEX 6. COLOR OR RACE 17, MARRIED NEVER MARRIED NAME NEVER NAME NEVER NAME NAME NEVER NAME NEVER NAME NEVER NAME NAME NEVER NAME NEVER NAME NAME NEVER NAME NAME NEVER NAME NAME NAME NAME NAME NAME NAME NAME												
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5. SEX 6. COLOR OR RACE NARRIED NEVER MARRIED 8. DATE of BIRTH 9. AGE (In years IF UNDER YEAR F UNDER 24 HRS.) Female White WIDOWED DIVORCED April 10, 1877 84 yrs. Months Days Hours Min. 10s. USUAL OCCUPATION (Give kind of work done during most of working like, even if elisted) Hours Winches Days Hours Min. 10s. USUAL OCCUPATION (Give kind of work done during most of working like, even if elisted) Hours Winches Winches Winches Marry 1. BIRTHPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT COUNTRY MONTHS MADIENTS MA		3.		Last 4. DATE Month D	Day Yaar							
Female White WIDOWED DIVORCED April 10, 1877 84 yrs. Months Days Hours Min. 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE Work at Home None Wicomico County, Md. U.S. A 13. FATHER'S NAME Henry Clay Mills 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17, INFORMANT Mrs. No. 18. Cause of Death (Iffred and John Security) NO			Filma Frances	nichardson January								
Female White widowed Divorced April 10,1877 84 yrs. Top. USUAL OCCUPATION (Given ind of work with a divork with dense during most of working life, even if relied) House work at Home None Wicomico Country, Md. U.S.A House Work at Home None Wicomico Country, Md. U.S.A Horry Clay Mills Mary Ellen Phillips		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	1 . 1 . 1 . 1								
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House Work at Home None House Work at Home House Work at House Wor				11. BIRTHPLACE (County & State, or foreign country) 12. CITIZE	N OF WHAT COUNTRY?							
13. FATHER'S NAME			** ** * * * * * * * * * * * * * * * * *	Wicomico County, Md. U	SA							
State Stat		13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
State Stat			Henry Clay Mills	Mary Ellen Phillips								
No Hospital Records Salisbury, Maryland			WAS DECEASED EVER IN U.S. ARMED FORCES? 1.16 SOCIAL SECURITY NO. 1.17 TE	NEORMENT Address .	#E SOT MA							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSE (a) Bronchopneumonia - Chronic UE TO (b) Arteriosclerosis, General DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? THE PART II. DEATH HAD AND WAS AUTOPSY PERFORMED? THE PART II. DEATH SIGNIFICANT SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? THE PART II. DEATH SIGNIFICANT SIGNIFICANT CONDITIONS CONTRIBUTION OF		(10	No	Hospital Records Salisbury. M	arvland							
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20c. TIME OF INJURY Month, Day, Year While Not While et work 19 19 19 19 19 19 19 19 19 19 19 19 19		CERT	OR CONTRIBUTING CAUSE OF DEATH									
21. I certify that (I) (this hospital) attended the deceased from 1/21/59, 19, to 1/26/62, 19, that (I) (we) last saw the deceased alive on 1/26/62, and that death occured at 5PM, from the causes and on the date stated above 22s. SIGNATURE 22s. SIGNATURE ATTENDING PHYS. ATTENDING PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR D				CE OF INJURY (Homa, form, 1 20f. (City or town) (County) (Stata)							
21. I certify that (I) (this hospital) attended the deceased from 1/21/59, 19, to 1/26/62, 19, that (I) (we) last saw the deceased alive on 1/26/62, and that death occured at 5PM, from the causes and on the date stated above 22a. SIGNATURE ATTENDING PHYS. ATTENDING PHYS. DIRECTOR PHYS. Jan. 26/1962		EDIC	Hour a.m. While Not While facto									
saw the deceased alive on 1/26/62 19 and that death occured at 5PM, from the causes and on the date stated above 22b. SIGNATURE ATTENDING MED. STAFF SIGNED 22c. PHYSICIAN'S DIRECTOR PHYS. Jan. 26/1962		Z	p.m. 17	1,/27/50 10 . 7/26/62 10								
228. SIGNATURE V. LUTTUREN, M.D. ATTENDING MED. STAFF PHYS. I Jan. 26/1962 220. PHYSICIAN'S 221. DATE SIGNED 222. PHYSICIAN'S 222. ADDRESS												
ATTENDING PHYS. MED. STAFF PHYS. Director PHYS. Jan. 26/1962				death occured at JFM, from the causes and on the								
22c. PHYSICIAN'S 22d. ADDRESS					SIGNED							
Table Interest of					20/1902							
NAME (1790) W A Transport M. D. Doom's Hand Chata Hann Calishuman Md	1		NAME (Type)		all alarma Mal							
V. Juerman, M.D. Deer's Head State Hosp Salisbury, Md	·	_										
REMOVAL (Specify)		238	REMOVAL (Specify)									
Burial Jan 29, 1962 Parsons Cemetery Salisbury, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256. REC'D BY REGISTRAR'S SIGNATURE		_										
HOLLOWAY & COMPANY SALTSBURY MARYLAND DATE JAN 3 0 '62 CONTRACTOR SALTSBURY MARYLAND				JAN 3 0 '62 Chilling & 1								

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after \$\frac{\pi}{2} \subseteq \text{death}\$. Par 4 may be retained by the hospital or attending physician.

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40 43 vent like the state of The (Strangers) 1. T. U.S. AV. THE RELL COME TO LINE TO SEE THE PROPERTY OF T actification of the grant neconforcines as all all alcounts for real decr Salet and the salet . Bl. Tride Make - . hadd the head at sall a to the total at the total Analysis don't see the second HOLLOVAY & COMPANY SALIEBURY, MARYLAND - ACAD & YAVOLION

1	tems 185212 Film 305 MARYLAND STATE	DEPARTMENT OF HEALTH
	Division of STATISTICAL RESEARCH AND RECORDS	5, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	01341 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where dacaesad livad, If institution: Residence before edmission)
Page, les.	a. COUNTY Wicomico Maryland	•. STATE Maryland b. COUNTY Wicomico
Files	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, writa RURAL end give nearest town)
or o	write RURAL and giva nearast town) Salisbury	X Salisbury (Rural)
dir you	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
	R.D.# 1	R.D.# 1 YES □ NO 🔀
e fur stain Sta Jeat	3. NAME OF First Middla DECEASED	Last 4. DATE Month Day Year OF
o the residence of the services.	(Type or print) ERNEST H.	RIGGIN DEATH JANUARY 8 1962
ay by with	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday Months Deys Hours Min.
ter d 5 me 5 me	Male White WIDOWED DIVORCED	Nov. 25, 1889 72 yrs. 1 13
afte 2, 2, 2, 2, 2, 2, 4, 2, 4, 2, 4, 2, 4, 2, 4, 2, 4, 2, 4, 2, 4, 2, 4, 2, 4, 2, 4, 4, 2, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,	DDe. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratirad)	
ours ges Pa 1 Pa 1 Iin	Retired Farmer Farming	Worcester Co. Maryland U S A
M3 M3 with	13. FATHER'S NAME	
arie Div	Sidney Riggin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 12.	Martha Timmonds
With for all . P	(Yes, no, or unkown) (Ifyasgivewarordatasofservice)	rs. Katherine A. Howard (Daughter) R.D. #2
ted with sny	NO 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	Snow Hill, Maryland
in ly sit ly	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
nocil nocil alc and	MMEDIATE CAUSE (a) EXPOSURE TO CO	744
ould to in period office Office of in period	Conditions, if any, which	
should be on the state of the s	gave risa to immediate causa	
iner iner or r	(e), stating the underlying cause last.	
"pel "pel "pel "pel "pel "pel "pel "pel	THE STATE STATE STATE CONTRIBUTIONS CONTRIBUTIONS TO DEATH BUT A	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
and	Second degree burns of 15% boo	dy surface YES □ NO K
Thi Bdic Cre	Second degree burns of 15% book Second degree burns of 15% book 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING Found dead in unhorsely cause of beath.	(Enler neture of injury in Pert I or Pert II of item 1B.) eated shack. Apparently had scalded him-
ER: g th f M s sh rial,	Sell with not live	uid
MIN Chie	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. Pl	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) actory, street, office bldg., etc.)
Wer Par	P.m. 1 6 19 62 at work et work	Home Wicomico Md.
Dricate pring	21. I certify that I took charge of the remains described above, I	
STORE TO STORE THE	death resulted from: Natural causes , Accident X, Su	icide, Homicide, Undetermined manner
MEDIC the cer forwarde to DIREC	1 1 1	CHIEF MEDICAL EXAMINER
at Dot	ACTUAL SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
PUT ME etc. 11 be forv	examiner Dr. Earl L. Royer	DEPUTY MEDICAL EXAMINER Jan. 10 /1962
DEPUT should FUNE its desi	NAME (Type) 407 Camden Ave Salisbury	MG Address (Street, city, town, or county) OR CREMATORY 22d. LOCATION (City, town, or country) (Steta)
O DEI	Burial Jan. 11, 1962 Parsons	Cemetery Salisbury, Maryland
HH	23. FUNERAL DIRECTOR ADDRESS	24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
VS. A15ME 5M 7/59	HOLLOWAY & COMPANY SALISBURY, MAR	YLAND DATE JAN 17'62 anthur & House
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TO HOSPITAL OR ALTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Page 4 may be retained by the hospital or attending physician.

Yes 4 may be retained by the hospital or attending physician.

Yes 5 TO FUN.

DIRECTOR: After this certificate has been signed by the attending physician and complete din by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, rages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01342 CERTIFICATE OF DEATH

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Resid	ence before edmission)
	a. COUNTY	e, STATE b. COUNTY	
	VV/COMICO MARYLAND	Virginia Accomack	
1	b. CITY OR TOWN (if outside corporate limits, write RURA), and give neerest town)	c. CITY OR TOWN (If outside corporata fimits, write RURAL and give	re neerest town)
M	Salisburg	Atlantic 83	x · 3
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS	e. IS RESIDENCE
2	Peninsula General Hospital	RFD Atlantic	YES NO
	3. NAME OF First Middle	Lest 4. DATE Month De	y Year
	(Type or print) Madoe Reed R	Istine DEATH January	8 1962
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEA	R IF UNDER 24 HRS.
	En and I want to the same of t	arch 6. 1900 last birthday) Months Dey:	Hours Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		OF WHAT COUNTRY?
	Housewife Self	Accompair Country Va	7 0 1
1	13. FATHER'S NAME	Accomack County, Va. U	I.S.A.
		14. MOTHER 3 MAIDLIN NAME	
	George Reed Sr.	Amy Jester	
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yes, no, or unknown) (Ifyesgive werordetas of service)	NFORMANT Address	
	Mrs.	Etta Guntan Atlantia Wi	20 22 20 2 2
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	s. Etta Gunter, Atlantic, Vi	INTERVAL BETWEEN
	DARK I DEATH WAS CAUSED BY	- D Co	ONSET AND DEATH
	IMMEDIATE CAUSE (a) Carcenome	a of cerrein	2 years
Н) 7 / X DUE TO	0	0
	Conditions, if eny, which (b)		
	geve rise to immediate cause		
-1	(e), stelling the underlying		
-1	cause last. (c)		LI AC ALIZODON
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	I RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8)	PERFORMED?
	× ·		YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	. (Enter nature of injury in Part I or Pert II of item 18.)	
	Q I	CE OF INJURY (Home, ferm, 20f. (City or town) (County) ory, street, office bldg., etc.)	(State)
	Hour a.m. While No! While at work at work at work		
	21. I certify that (I) (this hospital) attended the deceased from	1-6 , 1962 to 1-8, 1962	that (I) (we) last
П	saw the deceased alive on	1.43	
1		death occured attemptm, from the causes and on the	
8	220. SIGNATURE	ATTENDING MED STAFF	22b. DATE SIGNED
	10) elle Oz alles ~ M	D. PHYS. DIRECTOR PHYS.	1-8-62
	22c. PHYSICIAN'S THE	22d. ADDRESS	
	NAME (Type) William R. Ellis, Tr.	Salisbury, Maryland	
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d, LOCATION (City, town or county)	(Stete)
	REMOVAL (Specify)	Tree T	0.011
	Burial, Removal 1/11/62 Weterans Cen		
	24 FUNERAL DIRECTOR'S SIGNATURE Chincoteague	Virginia LEN 4 100	
	Vellen b. Selyer	DATEJAN 11 '62 arthur S. Fa	all
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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01325

1.	PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (When	re deceased lived. If institution: Resid	dence befare admission)		
1	Wicomico	MARYLAND	Maryl	and b. COUNTY Wi	comico		
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Salisbury	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If aud	tside carporate limits, write RURAL and	nd give nearest tawn)		
	d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?		
	Pen Gen Hospita	21	734 B	loger St	YES NO X		
3.	NAME OF First	Middle		4. DATE Manth	Day Year		
	(Type or print) ALICE	MEADE	ROSS	DEATH JANUARY	16th 19 62		
S.	SEX 6. COLOR OR RACE 7. MARI	RIED T NEVER MARRIED	B. DATE OF BIRTH		DER 1 YEAR IF UNDER 24 HRS.		
	Female White widow	ED DIVORCED	Sept. 4.187	7 84 yrs. Month	s Pays Hours Min.		
10	a. USUAL OCCUPATION (Give kind af wark dane 10b. during mast af warking life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State of	r fareign country) 12. (TITIZEN OF WHAT COUNTRY?		
F	leuse Work at Home	None	New Jerse	y	J S A		
13	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	The state of the s		
	Stephen R. Howell		Margaret V	.Patrey			
150	(s. WAS DECEASED EVER IN U. S. ARMED FORCES? (fes. no. or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17/1		loss(Husband) 73	4 Rogers St		
F	18. CAUSE OF DEATH [Enter only one cause per li	ne far (a), (b), and (c).]	1	10 1	INTERVAL BETWEEN		
	PART I. DEATH WAS CAUSED BY:	Cordian	Lund	some	2 days		
	Canditians, if any, which gave rise to immediate cause (a), stating the under.	Intestina	all the	metion	5 days		
200	lying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN IN P	PART 1(a) 19. WAS AUTOPSY PERFORMED?		
TAC					YES NO X		
NOITACIBITATION		CRIBE HOW INJURY OCCURRE	D. (Enter nature af injury in Pa	art I ar Part II af item 18.)			
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. I Haur a. m. 19 While p. m. 19	Nat while fa	ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.)	20f. (City ar tawn)	(Caunty) (State)		
	21. I certify that (I) (this hospital) attends saw the deceosed alive an		0.201	ve, from the couses and an i	the date stoted obove.		
	22a. SIGNATURE	1 4	ATTENDING MED		22b. DATE SIGNED		
	22c. PHYSICIAN'S NAME (Type) Dr. William B.	,Smith	Salisbury	, Maryland			
2	Bo. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	R CREMATORY 2	23d. LOCATION (City, tawn, ar caunt	y) (State)		
	Burial Jan. 19, 1962	Wicomico 1	Memorial Par	k Salisbury,	Maryland		
2.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	1 4 5	BY REGISTRAR 2Sb. REGISTRAR'S	* .		
	HOLLOWAY & COMPANY SALISBURY, MARYLAND DATE JAN 1 9 '62 Cultury S. Thomas						

School of the second second

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 01344

01326

1. PLACE OF DEATH o. COUNTY W	Lcomico		MARYLAND	2. USUAL RESID o. STATE	aryla	ere decesses and	b. COUNTY	on: Residen	ce before oc	dmission)
b. CITY OR TOWN (If RURAL ond give nec	outside corporate limi arest town)		c. LENGTH OF STAY IN 16	W -	100	utside corpo nsbur	rote limits, write R	URAL ond g	give nearest	town)
d. NAME OF HOSPITA OR INSTITUTION		ive street	oddress)	d. STREET AL		or colored	8		0	RESIDENCE N A FARM? S NO
3. NAME OF DECEASED (Type or print)	JOHN 5	20-12	Middle BENJAMIN	Lost SHOCKLE		4. DATE OF DEATH	JANI		Doy 16	Yeor 19 62
5. SEX	6. COLOR OR RACE White	7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH		RL	9. AGE (In years lost birthdoy) 77 yrs.		1 YEAR IF L	JNDER 24 HRS.
Retired Fa 13. FATHER'S NAME Emory Sh	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer & Carpenter 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 112. CITIZEN OF WHAT COUNTR Wicomico Co. Maryland U.S.A						A			
15. WAS DECEASED EVER	IN U.S. ARMED FOR If yes, give war ar dates of s		SOCIAL SECURITY NO. 12	rs.Amano Par	da M sonsi	Shoc	kley(Wi	fe)		
Conditions, if on gove rise to in couse (o), stoting t lying couse lost. PART II. OTH	he under-)	CONTRIBUTING TO DEATH BU	levolic. NOT RELATED TO	THE TERMI	nut aut Nal Diseas	disea E CONDITION GI	VEN IN PAR	PE	/AS AUTOPSY ERFORMED? S NO X
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) N/A 20c. TIME OF INJURY Month, Day, Year Hour o. m. 20d. INJURY OCCURRED (Place OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)					(Stote)					
21. I certify that saw the decease 220. SIGNATURE	Pluga) attend	ded the deceased fram.		at	M, fram	STAFE	an the		22b. DATE SIGNED 1962
23a. BURIAL, CREMATION REMOVAL (Specify) BURIAL		,196	23c. NAME OF CEMETERY C	or CREMATORY	eter	23d. LOCA	TION (City, town,		il]e,	(Stote)
HOLLOWAY		Y S	ADDRESS SALISBURY, MA	ARYLAND	2So. REC'	D BY REGIST		ISTRAR'S SIG	GNATURE	40

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VR A15 (4) 15M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 111327

	34)					4, 11 17	- :
1. PLACE OF DEAT	H		2. USUAL RESIDE	ENCE (Where decea		ion: Residence befor	e admission
a. COUNTY	Wicomico	MARYLAND	a. STATE Mar	yland	b. COUNTY	Caroli	ne -
	(if outside corporata limits,	c. LENGTH OF STAY IN 16		N (If outside corporat	e limits, writa RURA	L and give nearest	lown)
	d give nearest town) y, Maryland	lyr 6mo 28days	and the second	Ridgely		05x.2	
	ITAL OR INSTITUTION (if not in		d. STREET ADDRE			e. IS	RESIDENCE
Deer's I	Head State Hosp	oital		None			NA FARM
3. NAME OF	First	Middle	Last	4. DATE	Month	Day Y	rear .
(Type or print)	Ella	Elizabeth	Smith	OF DEATH	Jan		19 62
5. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED B.	DATE OF BIRTH	9. A	GE (In years IF UN st birthday) Mont		DER 24 HRS.
Female	Negro wind	OWED DIVORCED N	arch 24,	1883 7	8 Ale	ns Days Hours	Min.
10a. USUAL OCCUPAT	FION (Give kind of work orking life, even if retired)	b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Co	ounty & State, or fore	ign country) 12	. CITIZEN OF WHA	T COUNTRY
	ewife	None	Mary	land		U.S.A	
13. FATHER'S NAME			14. MOTHER'S MAID			U.D.A	
Cha	rles H. Whit	te	Anna B	itter Ma	++00		
15. WAS DECEASED EV	ER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. 11	NFORMANT	Tret. Ma	Address		
	If yesgiva war or dates of service)	220 03 4337	73.3 3	a	70.1.2		
NO	DEATH [Enter only one cause	220-01-4113	Edward	Smith	Rid	ge TY FRY	BETWEEN
	TH WAS CAUSED BY:	rcinoma of brest	with gener	al metasta	ses	ONSET AN	D DEATH
117.	IMMEDIATE CAUSE (a)	CINOME. OI DIESO					
110	DUE TO						
Conditions, if an	10/						
gava rise to immed (a), stating the	DISC TO						
cause last.	(c)						
Z PART II. OTHE	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	RELATED TO THE TER	MINAL DISEASE CO	NDITION GIVEN IN		
PART II. OTHE						YES T	FORMED?
E 20a. ACCIDENT W		DESCRIBE HOW INJURY OCCURED.	(Enter natura of injury	in Part I or Part II of	item 1B.)		
	MEDICAL EXAMINER						
20c. TIME OF INJU			E OF INJURY (Home, I		town)	(County)	(State)
Hour a.m.		While Not While tector	Ty and an and an agrey	1			
	that (I) (this hospital) at	ttended the deceased from	June 9	. 1960. to	Jan 6	1962 that (I) (we) la
22a. SIGNATURE	A	1 1					22b. DATE
	V. lear	Celeu, M.			STAFF PHYS.	Jan. 7,	1962
22c, PHYSICIAN'S NAME (Type	1	11.7	22d. ADDRESS	0 7	35 3	2	
	L. Maldve	, M.D.		Sali s bury,	Maryland	l	
23a. BURIAL, CREMAT REMOVAL (Specify	ION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	R CREMATORY		ON (City, town or o		(Stata)
Burial	1-10-62	Cokers		Green	sboro,	Marylan	d
24 FUNERA) DIRECTO	R'S SIGNATURE	Q ADDRESS D	25a.	REC'D BY REGISTRA	R 25b. REGISTRA	R'S SIGNATURE	
gohn E	Boulars g	. deenstoro	my DATE	JAN 9 '62	61.01	A. Kinus	
11	-				Circles Constituted	TA, / CLAUCE	

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FO	R	ST	ATI	E
HEAL	TT.	11)EF	I.
TO DEPUTA MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. It any draw is necessary, Franchises e. The certificate, writing the word "pending" in pendi in them 18. Give Pages 1, 2, and 3 to the funding rector. Page 50	4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.	S TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the State Board of Health.	or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.	0
5M	4/6	U	W	11

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1345 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11325

1. PLACE OF DEATH	010			2. USUAL RESIDE	VCE (Where	deceased lived, If	institution: Resi	idence before	admission)
a. COUNTY	icomico		MARYLAND	a. STATE Man	yland	b. COUN	Wicc	mico	
b. CITY OR TOWN (f outside corporata lim	its,	c. LENGTH OF STAY IN 18			porate limits, write			wn)
	giva naarast town) alisbury			12, Sal	isbury	7			
		if not in hospi	tal, give streat address)	d. STREET ADDRESS					ESIDENCE
P	en Gen Ho	spite	al	904	West	Main S	t		A FARM?
3. NAME OF DECEASED	First		Middla	Last	4. DATE	Month		Day Yee	
(Type or print)	ERVI		LEE	SMITH	DEAT	H JANUA	RY 1	3th 19	62
5. SEX	6. COLOR OR RACE	7. MARRIED	X NEVER MARRIED	8. DATE OF BIRTH	1	9. AGE (In years	-		
Male	White	WIDOWED		March 23.	1911	last birthdey) 50 yrs.	Months Day	Nours Hours	Min.
10a. USUAL OCCUPATI	ON (Give kind of work	10b. KIN	D OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stat		ountry)		N OF WHAT	COUNTRY?
Refrigeca			Repairman	Sussex C	o.Dela	aware	U	JSA	
13. FATHER'S NAME				14. MOTHER'S MAIDEN					
Lorenzo W				Mollie E	Recor	rds			
15. WAS DECEASED EV (Yes, no, or unkown) (I			OCIAL SECURITY NO. 17	INFORMANT	und Sn	nith(Wi	fe land	West	Mair
No				rs. Ethel B	alisbi	iry Mar	yland	WCDU.	AACULI.
	EATH [Entar only one	cause per lin	a for (a), (b), end (c).]	. 0	~			INTERVAL BET	DEATH
PARI I. DEAII	H WAS CAUSED BY:		Corone	2 Ord	nu	~		Servete	Lan_
ナナら	DUE TO			7					
Conditions, if eny				U					
geve rise to Immadi (a), stating the u	DIJE TO								
causa lest.) (c)							FU. 19	
PART II. OTHER OF THE PART II. OTHER OT	SIGNIFICANT CONDI	TIONS CONT	RIBUTING TO DEATH SUT 1	OT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART 1(PERFC	NO P
20a. EXTERNAL CA PRIMARY Or CO CAUSE OF DEATH.		Db. DESCRIB	E HOW INJURY OCCURED.	(Entar nature of injury in Pa	art I or Pert II o	of item 18.)		bestard	
20c. TIME OF INJU Hour a.m.	RY Month, Day, Ye	ar 2Dd. IN While at work	Not While fa	ACE OF INJURY (Home, fer ctory, street, office bldg., at		ty or town)	(County)	(Steta)
Print			ins described above, I	neld an Autopsy .	Inspection	X, Inquir	у 🔀 а	and in my o	pinion
	rom: Natural ca	/		icide . Homicide		ndetermined m		, .	p.111.011
	60			CHIEF MEDICAL		7			
ACTUAL POR	Earl T. I	Rover	new	ASSISTANT ME	DICAL EXAMIN	VER 🗀		DATE SIG	NED
SIGNATORE	07 Camder	-		DEPUTY MEDICA					
NAME (Type)	alisbury			Address (Street,			Jan. /	16 /1	962
22a. BURIAL, CREMATIO REMOVAL (Specify)	N. 22b. DATE THERE		2c. NAME OF CEMETERY			TION (City, town,		(Stat	te)
Burial	Jan. 17/	1962	Wicomico	Memorial Pa	ark-Sa	alisbur	y, Mary	land	
23. FUNERAL DIRECTO	2		ADDRESS			TRAR 24b. REG			I de la constante de la consta
HOLLOWAY	& COMPANY	Z SAI	LISBURY, MAR	YLAND DATE	AN 1 9 4	62	airug & g	Y	
		***************************************						V DOMESTIC	

Jiel Canasi MARGE SE SET WEST end Tutal David Tall Co. St. PERSONAL PROPERTY OF THE PROPE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01347 funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY b. COUNTY e. STATE by the and 2 death. DICOMICO MARYLAND ARYLAND WICOMICO b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) - 2 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) MARDELLA papers. 73 NAME OF completely Last 4. DATE Month DECEASED OF (Type or print) DEATH ANUARY within FNRU STANI and cor AGE (In yeers | IF UNDER 1 YEAR 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED THEYER MARRIED last birthdey) Months WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR' remove done during most of working life, even if retired) 13. FATHER'S NAME please attending and Then ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT removal the permit. r attending physician. has been signed by t 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) the burial-transit DUE TO Conditions, if eny, which (b) gove rise to immediate cause DUE TO (e), steting the underlying couse last. DIRECTOR: After this certificate PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19, WAS AUTOPSY as use prior 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached for 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) factory, street, office bldg., etc.) While Not While et work et work 21. I certify that (I) (this hospital) attended the deceased from. JUNE 8 to Jan 31, 196 Zthat (1) (we) last Jan 30196. Z, and that death occurred a ZZM, from the causes and on the date stated above should may 22e. SIGNATURE ATTENDING STAFF m DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S deam.
TO FUNE NAME (Type) director, be filed 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)

VR A15 (4) 15M 9/60

FUNERAL DIRECTOR'S SIGNATURE

25e. REC'D BY DATEFEB

REGISTRAR 25b. REGISTRAR'S SIGNATURE Circles S. Thomas

(County)

e. IS RESIDENCE

1962

IF UNDER 24 HRS.

Hours

ONSET AND DEATH

PERFORMEO?

NO F

(State)

27b. DATE

(State)

SIGNED

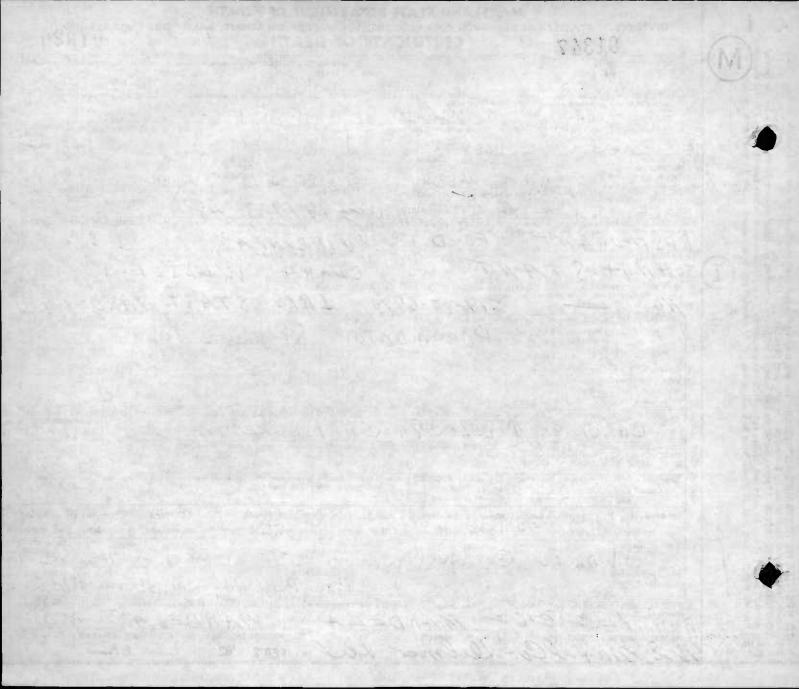
12. CITIZEN OF WHAT COUNTRY?

Year

Day

Deys

ON A FARM? YES NO M

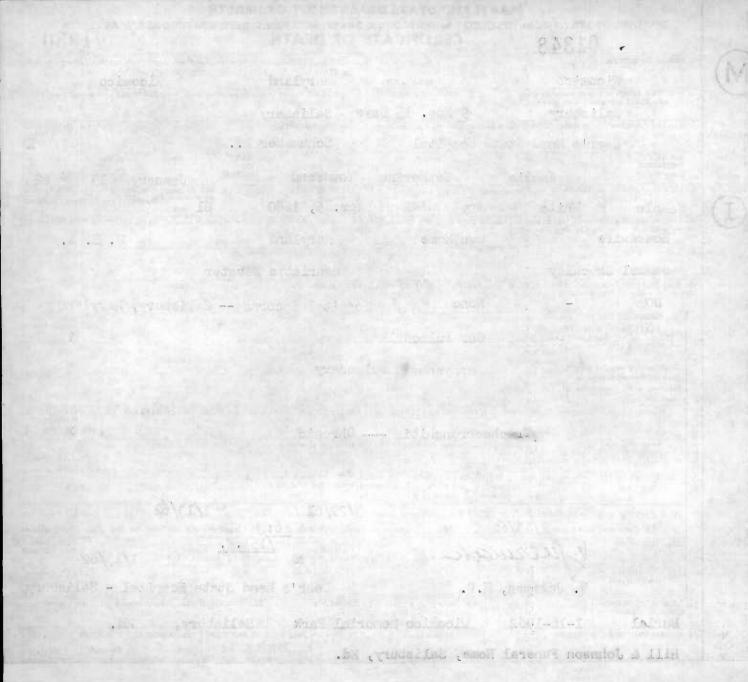


OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 for the death. Part of may be retained by the hospital or attending physician. Solve TO FUNE DESCROR: After this certificate has been signed by the attending physician and completely in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 5 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any evaper, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
(11349 CERTIFICATE OF DEATH 01348

1. PLACE OF DEATI	H		2. USUAL RESIDENCE (W	hare decaasad livad, If institution: Re-	sidanca befora admission)
	icomico	MARYLAND	a. state Maryaand	b. COUNTY Wicomi	co
b. CITY OR TOWN (if outside corporata limits, I giva naarest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outsi	de corporata limits, writa RURAL and	giva nearast town)
	alisbury	9 Mos. 15 Da	vs/2 Salisbury		
	9	in hospital, give street address)	d. STREET ADDRESS		a. IS RESIDENCE
De	eer's Head Sta	ate Hospital	Schumaker I	Rd.	YES NO K
3. NAME OF DECEASED	First	Middle		PATE Month	Day Year
(Typa or print)	Amelia	Catherine	Townsend	January	13 19 62
5. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER 1 Y	
Female	White wit	DOWED DIVORCED	Apr. 5, 1880	81 yrs. Months Da	ays Hours Min.
	ION (Giva kind of work 1	10b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (County & S	tate, or foraign country) 12. CITIZ	EN OF WHAT COUNTRY?
Housewi:	rking lifa, aven if retirad)	Own Home	Maryland	11	. S. A.
13. FATHER'S NAME		- CWIT TIOMIC	14. MOTHER'S MAIDEN NAME		· U. A.
	71 1-7			3. 1	
	Shockley		Henrietta We		
	ER IN U.S. ARMED FORCES? fyesgive war or datas of sarvica		INFORMANT	Address	
NO	-	None	Hospital Record	s Salisbury, M	aryland
18. CAUSE OF I	EATH [Enter only ona cause	per line for (a), (b), and (c).]			ONSET AND DEATH
	H WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cor Pulmonale			?
271	DUE TO				
Conditions if any		T 1 D.	.7		9
Conditions, if any	iata causa	Emphysema Fi	llmonary		
(a), stating tha u	indarlying DUE TO				Same Jan
causa last.) (c)				
PART II. OTHE	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PART 1	PERFORMED?
CAT	Tra	cheobronchitis	- Chronic		YES X NO
PART II. OTHER OF CONTRIBUTING OF CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING 406 CAUSE OF DEATH MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCURE	D. (Enter natura of injury in Part I o	or Part II of item 1B.)	
3 20c. TIME OF INJU	JRY Month, Day, Yaar			H. (City or town) (Count	y) (Stata)
20c. TIME OF INJU Hour a.m. p.m.	19	While Not While fac	story, straet, offica bldg., atc.)		
21. I certify	hat (I) (this hospital)	attended the deceased from.	3/29/61 19	, to 1/13/62 , 19	, that (I) (we) last
				, from the causes and on th	
22a. SIGNATURE	, ,		77.	A.M.	22b. DATE
	Vyuera	vau.	A.D. PHYS. DIRECT	STAFF	3/62 SIGNED
22c. PHYSICIAN'S	V		22d. ADDRESS		
NAME (Type	V. Juerman	, M.D.	Deer's Hea	d State Hospital	- Salisbury
23a. BURIAL, CREMAT REMOVAL (Spacify		23c. NAME OF CEMETERY		I. LOCATION (City, town or county)	(Stata)
Burial	1-16-1962	Wicomico Mem		Salisbury, Md	•
24 FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS		REGISTRAR 25b. REGISTRAR'S SI	
Hill & Jo	ohnson Funeral	Home, Salisbury	Md. DATEJAN 1	6 '62 arthur S. 4	lsour



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Par 4 may be retained by the hospital or attending physician.

TO FUN. A. DIRECTOR: After this certificate has been signed by the attending physician and complete. After this certificate has been signed by the attending physician and complete. After this certificate has been signed by the attending physician and complete. After this certificate has been signed by the attending physician and carbon papers. Fages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01349 CERTIFICATE OF DEATH 01331

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before dimission)							
o. COUNTY Wicomico County MARYLAND	o. STATE Maryland b. COUNTY Somerset County							
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)							
write RURAL and give nearest town) Salisbury 977 days	Crisfield 1929.2							
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS a. IS RESIDENCE							
Deer's Head State Hospital	Mariners Road ON A FARM?							
3. NAME OF First Middle	Last 4. DATE Month Dey Yeer							
(Type or print) John Alfred	TURPIN DEATH January 5 162							
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.								
Male White WIDOWED X DIVORCED	June 8, 1878 lest birthdey) Months Deys Hours Min.							
10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if relied)								
Farmer Farming	Maryland (Kingston) USA							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
Alfred Turpin	Elizabeth Bell							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyesgivewerordelesofservice)	INFORMANT Address							
	rs. Alvin StantMariners Rd Crisfield, Md.							
1B. CAUSE OF DEATH [Enter only one ceuse per ine for (a), (b), end (c).]	1 1 INTERVAL BETWEEN							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (*) LEUTE	1 . Car dial Tailure ONSET AND DEATH							
450 DUE TO 6	1 0							
Conditions, it ony, which (b) Senstraling of articles Schrose 5 yes								
geve rise to immediate ceuse								
(e), stelling the underlying ceuse lest.								
(c)								
	PERFORMED?							
□ 20a, ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURE	D. (Enter nature of injury in Pert I or Part II of item 18.)							
OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata)							
Hour a.m. p.m. 19 While Not While at work at work								
21. I certify that (I) (this hospital) attended the deceased from	May 4, 159, to Jan. 5, 1962, that (I) (we) last							
// - 0 = 1	t death occured at/M, from the causes and on the date stated above.							
22e. SIGNATURE								
her Laurel	ATTENDING ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22b. DATE SIGNED 1/5/62							
22c. PHYSICIAN'S	22d. ADDRESS Deer's Head State Hospital							
NAME (Type) Lee L. Lawry, M.D.	Salisbury, Maryland							
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)							
REMOVAL (Specify) Burial Jan. 7,1962 Sunnyridge C	emetery Crisfield, Md.							
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE							
Bradshaw & SonsCrisfield, Md.	DATEN 8 '62 Chilling S. Kraus							
	THE WALL OF THE PARTY OF THE PA							

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MARYLAND	STATE	DEPARTMENT	OF	HEALT

H DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	1350	CERTIFICATE	OF DEAT	1		01339)
1. PLACE OF DEATH a. COUNTY Wico	mico	MARYLAND	2. USUAL RESIDEN	yland	b. COUNTY	Residence before	e admission
b. CITY OR TOWN (if outs	side corporete limits,	c. LENGTH OF STAY IN 16		•	limits, write RURAL e	nd give neerest t	own)
Salisbury		20 days	Easton		2	129.	2
d. NAME OF HOSPITAL C	OR INSTITUTION (if not in h	ospital, give street address)	d. STREET ADDRESS		(7.)		RESIDENCE
Deer's Hea	ad State Hosp	oital	44 Grah	am Street		YES	N A FARM?
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day Y	eer
(Type or print)	Nora	Nichols	Turpin	DEATH	January	22 1	9 62
5. SEX 6. (COLOR OR RACE 7. MARR	IED NEVER MARRIED 8.	DATE OF BIRTH		GE (In yeers If UNDER	1 YEAR IF UND	ER 24 HRS.
	Colored widow	4	1-31-18	80 7.	5 yrs.		
10a. USUAL OCCUPATION (done during most of working and of working	U.S. ARMED FORCES?	KIND OF BUSINESS OR INDUSTRY AC TO RY S. SOCIAL SECURITY NO. 17. IN	11. BIRTHPLACE (Cou	NAME S. U		S.A	COUNTRY
18. CAUSE OF DEAT	H [Enter only one cause per	720-16-7685 Prince for (e), (b), end (c).) of the left love	h://i/Ti	urpin- th metast	- EASI	INTERVAL I ONSET AN 1 year	
Conditions, if eny, wh gave rise to immediate co (a), stetling the underly ceuse lest.	ouse (b)						
 ≌	nchopneumonia	ENTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERM	INAL DISEASE CON	IDITION GIVEN IN PAI	RT 1(e) 19. WAS PER YES X	FORMED?
	AUSE OF DEATH	ESCRIBE HOW INJURY OCCURED.	Enter neture of injury in	Part I or Part II of i	tem 18.)		
ZOc. TIME OF INJURY Hour a.m. p.m.	Month, Dey, Yeer 20d Whi	ileNot While factor	E OF INJURY (Home, far y, street, office bldg., et		town) (Co	ounty)	(Stete)
saw the deceased a		nded the deceased from		M, from th		the date sta	ted above
22a. SIGNATURE	1 Juerus	au. M.D	•		STAFF PHYS. 3.	1/23/6	26. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	V.V Juerman, A	1. D.	Deer's H	ead Hospi	ta l ; Salis	bury, Mo	1.
DUR (Specify)	JAn. 27 1963	Richards (Cem.	EAS	ON (City, town or cour	M	(State)
24 AMERAL DIRECTOR'S SI	Da well	Carton, L	DATE J		25b. REĞISTRAR'S	SIGNATURE	

VR A15 (4) 15M 9/60

Laborer Taren Mary S. W. 1500 W. Iliam Taren Mary S. W. 1500 NO - 380 10 78 M. Hirtoren Enston NE the Survey Season and Mark the Research and the Area and Bush Jan 27 Pas Richards Com Enoton ficence is a such it among self.

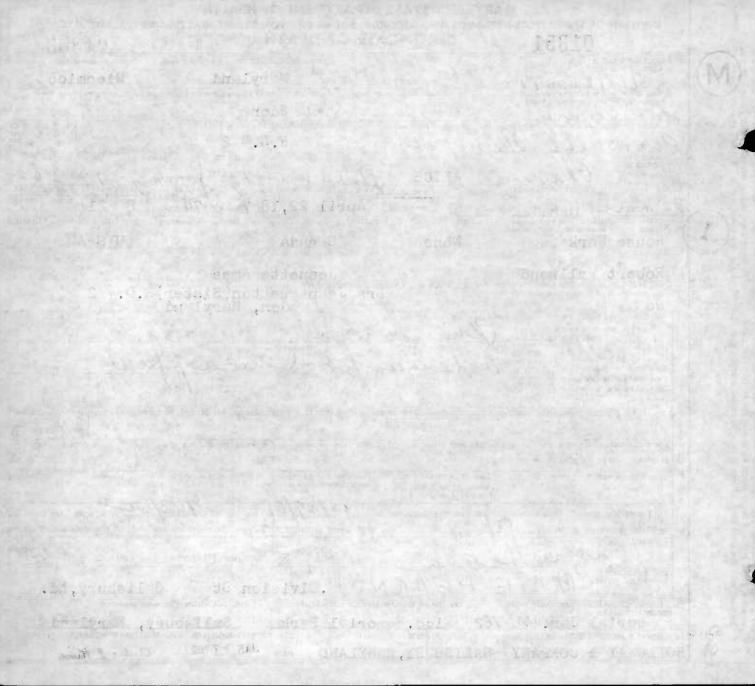
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

AL SIMIISTICME	REJEARCH AND	RECORDS,	301 1	. PRESTO	2.0
01351	CERT	IFICATI	OF	DEATH	1
					-

01333

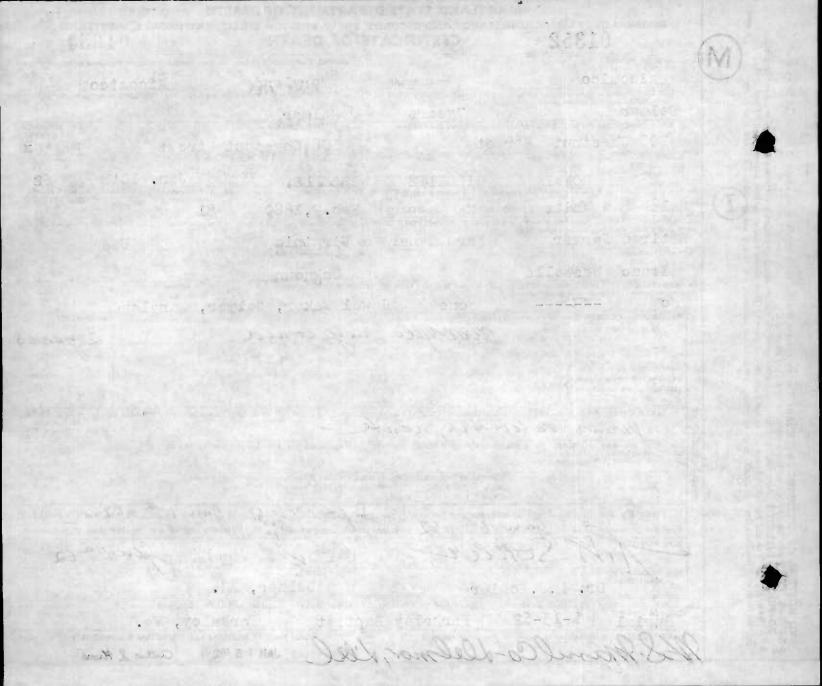
	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	o. COUNTY MARYLAND	a. STATE Maryland b. COUNTY Wicomico
-	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	write RURAL and give nearest town)	
	Sa-18bury	↑ Eden
7	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, giva straet addrass)	d. STREET ADDRESS a. IS RESIDENCE ON A FARM?
0	Peninsula Heneral	R.D.# 2
1	3. NAME OF First Middle	Last 4. DATE Month Day Year
-1	(Type or print)	old word DEATH my ware 13 1962
-	CAOLIN BITTOR	
	7. MARKIEU NEVER MARKIEU	DATE OF BIRTH 9. AGE (In years 15 UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Days Hours Min.
	Temale white WIDOWED DIVORCED A	pril 22,1887 (74 yrs. 1888 21 10013 11887
1	10a. USUAL OCCUPATION (Giva kind of work dona during most of working lifa, aven if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	House Work None	Canada U.S.A
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Robert Wellwood	Jeanette Ames
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	Jean Preston (Sister) R.D.# 2
	No	Eden. Maryland
1	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	
	DUE TO (1. Co. a. A-Vaul
4	Conditions, if any, which (b) Melestases	an Cauca pull
4	gava rise to immediata cause (a), stating the underlying DUE TO	
	causa last. (c)	
		T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?
-1	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED	YES NO . (Enter natura of injury in Part I or Part II of itam 1B.)
9	OR CONTRIBUTING CAUSE OF DEATH	. (Enter nature of injury in rate t or rate it of namero.)
	L	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) ory, street, office bldg., etc.)
	Hour a.m. P.m. 19 Whila Not Whila tack at work	i i i i i i i i i i i i i i i i i i i
		12/29/6/ 10 10 1//3/62 10 stat (1) (100) last
	21. I certify that (I) (this hospital) attended the deceased from	
		death occured at
ы	22a. SIGNATURE	ATTENDING MED, STAFF 22b. DATE
	la care He 1111	.D. PHYS. DIRECTOR PHYS. 1 /- 13-62
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type) CARIE HEARN	N.Division St Salisbury, Md.
- 1	238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	
	REMOVAL (Spacify)	
		ial Park Salisbury, Maryland
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1	HOLLOWAY & COMPANY SALISBURY, MARY	LAND DATE JAN 17'62 Orthur & Kroup



		1
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	TO FUN: LIRECTOR: After this certificate has been signed by the attending physician and complete ed in by the funeral director race 3 should be detached for use as the burnel-based pormit. Then place remove carbon paper.	, cremation, or removal, and in any evept, within 72 hours after death.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires tha 妥 death. Page 4 may be retained by the hospital or attending physician.	of director race 3 should be detached for use as the	be filed with the State Dept. of Health prior to burie

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01352 CERTIFICATE OF DEATH 01334

e. COUNTY Wicomico b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town) Delman d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) 108 Chestnut Street 3. NAME OF DECRASED (Type or print) First Middle G. LENGTH OF STAY IN 1b 7 years d. STREET ADDRESS 108 Chestnut Street 108 Chestnut St
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) write RURAL and give neerest town) Tyears d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 108 Chestnut Street 108 Chestnut St
Delmar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) 108 Chestnut Street 3. NAME OF DECEASED (Type or print) ROYAL GILLETTE WESSELLS DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED Feb. 9, 1880 108 Chestnut Street 109 For DEATH 109 FOR DEATH 100 FOR STRESIDENCY 108 Chestnut Street 109 For DEATH 109 FOR STRESIDENCY
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) 108 Chestnut Street 109 Chestnut Street 109 Chestnut Street 109 Chestnut Street 109 Chestnut St
3. NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers last birthdey) North Dey North
3. NAME OF DECEASED (Type or print) ROYAL GILLETTE WESSELLS 4. DATE OF DEATH Jan. 10th 19 62 5. SEX Male White WIDOWED DEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED Feb. 9, 1880 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (County & Stete, or foreign country) 13. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (County & Stete, or foreign country) 14. CITIZEN OF WHAT COUNTRY 14. BIRTHPLACE (County & Stete, or foreign country) 14. CITIZEN OF WHAT COUNTRY 14. BIRTHPLACE (County & Stete, or foreign country) 14. CITIZEN OF WHAT COUNTRY 14. BIRTHPLACE (County & Stete, or foreign country) 14. CITIZEN OF WHAT COUNTRY 14. BIRTHPLACE (COUNTRY 14.
(Type or print) ROYAL GILLETTE WESSELLS DEATH 5. SEX Male White WIDOWED DIVORCED Feb. 9, 1880 DEATH Jan. 10th 19 62 S. DATE OF BIRTH 9. AGE (In years left under 1 year) lest birthdey) 81 yrs. Months Deys Hours Min. Months Deys Hours Min. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
5. SEX MARIED NEVER MARRIED 8. DATE OF BIRTH Male White WIDOWED DIVORCED Feb. 9, 1880 108. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY
Male White WIDOWED DIVORCED Feb. 9, 1880 81 yrs. William 100 1
1De. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & Stete, or foreign country) 12, CITIZEN OF WHAT COUNTRY
Retired Farmer Farm Owner Virginia USA
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Isaac Wessells Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
(Yas, no, or unkown) (Ifyesgive werordetes of service) None Jewel Baker, Delmar, Maryland
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]
PART I. DEATH WAS CAUSED BY: Usel Stille much course
The investment cause (a)
DUE TO
Conditions, if any, which (b)
(a), stating the underlying DUE TO
causa last. (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
₹ Virus enteritis, acute -
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPED PERFORMED? VICTUS
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Stete) Hour e.m. 19 et work et work
saw the deceased give on. 19.62, and that death occurred at
ATTENDING MED. STAFF JEW 11 62 SIGNE
22c. PHYSICIAN'S 22d. ADDRESS
NAME (Type) Dr. L.V. Sohler Delmar, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify) 1-13-62 Parksley Baptist Parksley, Va.
2/ JUNEPAL/DRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
HX: Manel Co- Delmar, De DATE JAN 15'62 arthur & King



1			MARYLAND STATE DEPAR	TMENT OF HEAL	тн	DVI AND
			O1353 CERTIFICATE OF	F DEATH	r, BALTIMORE 1, MA	01335
s after funeral should	-	1.	LACE OF DEATH 2, 1	USUAL RESIDENCE (Whare	deceased lived, If institution:	Residence before admission)
= 50 E	IM	_	Wicomiec Maryland	c. CITY OR TOWN (If outside o	AND B. COUNTY	liconico
4 ho by the			CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITT OR TOWN (IT outs de c	orporate limits, write RORAL at	id give nearest town)
d in 2	82	-	ALISBURY NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	+RuitIANA		e. IS RESIDENCE
within a grant and a state of the state of t	200	D	Conson II ital	P 1- #1	RAY 3C	ON A FARM?
ed te		3.	NINS ULA 6 ENERA 1 1705 P/141	Last 4. DAT	E Month	Day Year
nplet Pepe	1		Type or print) ANNA LOU WES	OF DEA	TH JANUARY 30	1962
comp		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DAT	TE OF BIRTH	9. AGE (In years PF UNDER	1 YEAR IF UNDER 24 HRS.
and c carbor		F	EMALE NEGRO WIDOWED DIVORCED 7-	8-1937	24 yrs. Months	Deys Hours Min.
ficate cian ove even		10a do	USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11.	BIRTHPLACE (County & State,	or foreign country) 12. Cl	TIZEN OF WHAT COUNTRY?
ertif nysic remo			NONE NONE	Alabama		1.S.A.
ath c ng ph sase i		13.	FATHER'S NAME	MOTHER'S MAIDEN NAME		
dea ndin ple		15.	WAS DECEASED EVER IN U.S. ARMED EDROESS 116 SOCIAL SECURITY NO. 17 INTEGRAL	MINITIE	Ed ROWE	
the atter			no, or unkown) (Ifyes give war or dates of service)		Address	101
that the the tr. T			18. CAUSE OF DEATH [Enter only one capte per line for (a), (b), and (c).]	ES WEST, F	-Ruitlaisd,	INTERVAL BETWEEN
iciar by by ermi			PART I. DEATH WAS CAUSED BY:	when Ent	Com etraces	ONSET AND DEATH
ohys ned ned sit p			Due to	Jan Congre	copies 10-22-5	- P
w re re sign sign sign sign sign sign sign sign			Conditions, which (b)			
e la endi beer beer rial-l			gave rise to immediate cause			
atte has has bu			(a), stating the underlying cause last.			
AN:	2	TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PAI	RT 1(a) 19. WAS AUTOPSY PERFORMED?
Spritting tiffic as a so ar to		15				YES NO
res cer		CERTIFI	208. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED. (Ente OR CONTRIBUTING CAUSE OF DEATH	er nature of injury in Part I or Pa	ert II of item 18.)	
this ed for			(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20c. PLACE OF	F INJURY (Home, farm, † 20f. (City or town) (Co	ounty) (State)
Afte by High		WEDICAL	Hour a.m. While Not While factory, st	reet, office bldg., etc.)	chy or lown,	(0.010)
END Paine Page Page Pt. c	30.4	×	p.m. 19 al work at work	10	10 10	that (1) (wa) last
d be			21. I certify that (I) (this hospital) attended the deceased from	th occured at 12 3 M fr	rom the causes and on	the date stated above
R A BEC			22a SIGNATURE >			22b. DATE
DI 3				ATTENDING MED. PHYS. DIRECTOR	STAFF PHYS.	SIGNED
age ii	1	1	NAME (Type)	22d. ADDRESS	. 0	
NE. P			DAVID GILMORE, M.D.	JAlisbyn	yllnd	
FU File		23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CE	1-	OCATION (City, town or could	nty) (State)
Og Cipa		-	Buria 2-4-62 Lot, LATUARY	25a, REC'D BY RE	GISTRAR 256. REGISTRAR'S	SIGNATURE
VR A15 (4 15M 9/6D		24	FUNERAL DIRECTOR'S SIGNATURE APPRESS	4 1	162 Curing &	
13/1 7/30	DV	1	DOIENTON PROPIED HUDDUR	MPAREFER 6	OL Connect D	. , , , ,

a , 7: the state of the s Lette of the stars 7-8-1432 134 151 LOWER PLANER SILLER James Wick Route JAMES WEST FROM INCH. of all amore led a speak to please they be a track Brud for the cost and in the brund Brogal 2-Not & Kor. Salvace Sim FEE Pleated With There when the delice partition with the

FOR STATE please executed within 24 hours after death. If any door is necessary, a should be executed within 24 hours after death. If any door is necessary, a please executed within 24 hours after death. If any door is necessary, a should be forwarded to the Chief Madrical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File-pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 336

01354	EXAMINER'S	CERTIFICATE	OF	DEATH	11

V		PLACE OF DEATH					e. STATE	RESIDENC	CE (Whare		ivad, If in		idanca bet	ore admission)
		W	licomico		MARYLAN				land			Wicon			
1	t		outside corporate limits give naarast town)	,	c. LENGTH OF STAY IN	1 1b	c. CITY O	R TOWN (f outsida co	orporata lim	its, writa	RURAL and g	ive naares	t town)	
		Seli	shurv				100 S	alish	vurv						
		I. NAME OF HOSPIT	Sbury AL OR INSTITUTION (IF	not in hospi	ital, giva streat addrass)		d. STREET	ADDRESS						IS RESIDENCE	
		609 Sm	ith St.					609	Smit	h St				□ NO X	
		NAME OF	First		Middla		Lasi		4. DATE		Month		Dey	Yaer	
g		(Typa or print)	Coomes		Clinton		White		DEAT	гн	7-1	14-62		1962	
	5.	SEX	6. COLOR OF RACE	. MARRIED		8.	DATE OF BIR	тн				F UNDER 1 YE		NDER 24 HRS.	_
ŀ		34	1.7	WIDOWED	DIVORCED		March	3.19	39		rthdey) Tyrs.	Months 10	ys Hou	rs Min.	
			ON (Giva kind of work		D OF BUSINESS OR IND								,	AT COUNTRY	n
			king lifa, avan if ratirad Shirt Faci				Salis	shunw	Man	vlan	d	T	JSA	4	
1		FATHER'S NAME	OHIL O PAC	DOLY		T	14. MOTHER			y I and I	CL.		, , ,	*	-
1	В	eniamin :	Franklin	White	Value Value		Sussi	ie Jo	vner	Kee	ter				
	15.	WAS DECEASED EVE	R IN U.S. ARMED FORCE	FS? 16. S		17, IF						-	T	\	
	(Yea	YES (If	yas giva war or dates of ser	vice)		Pr.	Richa D.#5 F	ard L	Bank	re(B	roth	ebuny	1-Lav	I) vylaná	3
			EATH [Entar only ona		na for (a), (b), and (c).]	II.	ו כדים	ITRII	DOILIN	D ~	1011	Suur	INTERVA	L SETWEEN	3
		ONSET AND DEATH													
		IMMEDIATE CAUSE (e) Bullet wound of chest Sudden									-				
		1 6	DUE TO												
		Conditions, if any, gava rise to immedia	ate cause						-		111				-
	П	(e), steting the un	darlying												
	_	cause last.	(c)_	ONE CONT	TRIBUTING TO DEATH BU	IT NO	DELATED TO	THE TERMIN	IAI DISEAS	E CONDIT	ION CIVE	NI INI DART 1	-\1 10 W	AC ALITODOV	=
	CERTIFICATION	PARI II. OTHER	SIGNIFICANI CONDIII	0143 CO141				THE TERMIN	AL DISEA	DE CONDIT	1014 0142	IN THAT AND IN	P.	ERFORMED?	
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	ERTI	20a. EXTERNAL CA	NTRIBUTING [~4.67.			
		CAUSE OF DEATH.			hot self :							rifle		-	
	MEDICAL	20c. TIME OF INJUI			Not While of work	facto	TE OF INJURY TY, street, office N home	a bldg., etc.	201. (0	ity or tow		(County		(State)	
	ME	p.m.								lish			omic		•
		_			ains described above					1450	Inquiry	MP.	and in m	y opinion	
		death resulted fr	rom: Natural cau	ises .	Accident,	Suicio		lomicide	_	Indeterm	ined ma	nner			
			801	16		/		MEDICAL E							
		ACTUAL SIGNATURE	12ml	V K	TX-		M.D.	STANT MEDI						SIGNED	
-		EXAMINER'S NAME (Typa)	Earl L. H			abı		TY MEDICAL				1-	17-6	2	
	220	BURIAL, CREMATIO		en u	YOU SALE	RY OR	CREMATORY	(Streat, c	22d. LOC	ATION (C	ity, town,	or country)		(State)	
		REMOVAL (Spacify) Burial	Jan.17.	1962	Siloam (Cem	eterw		Silo	am.	Mary	land			
1		FUNERAL DIRECTOR			ADDRESS			24a. REC				TRAR'S SIGI	NATURE		-
	H	CLIOWAY	& COMPANY	SAI	LISBURY MA	RY	TAND	DATE J.	AN 19	'62	C	viner &	str.		
	-			~								1 48,	T.VIAME		-

VS. A15ME 5M 9/60

0011001 16.08 Date 0 16.00 LE Edding Coll mind birdyn or , yearned broken in indiana data seroles A STATE OF CHANGE OF MARKET THEM AND THE PROPERTY OF THE PARTY OF THE -----Tolly and all as the sound Tolly and the AND PROPERTY OF THE PARTY OF TH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Page may be retained by the hospital or attending physician. S TO FUNEL DIRECTOR: After this certificate has been signed by the attending physician and completely in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. S I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 724001 after death.

W

MARYLAND STATE DEPARTMENT OF HEALTH

	DIVISION OF STATISTICAL 01355	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORI CERTIFICATE OF DEATH	1, MARYLAND 01337
1	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Whara daceasad lived, If in 6. STATE b. COUNT	

1. PLACE OF I	DEATH				ENCE (Whara da			anca bafora admission)
a. COUNTY	•		MADALAM	e. STATE		b. COUN		
b. City OR To	ico DWN (if outsida corporeta limi AL and giva naarest town)	ts, c.	LENGTH OF STAY IN 16	Marylan c. CITY OR TOW	M (If outside corp	orata limits, write	RURAL end giv	a naarast town)
Salis	bury		since 12/29	61 Sal	isbury			
	HOSPITAL OR INSTITUTION (if not in hospital	, giva straet eddrass)	1				ON A FARM?
3. NAME OF DECEASED	Bluff State His	ospital	Middla	309 Pe	nn Stree	t Month	n Da	
(Type or print	BETTIE	LOUISE	WILLEY		DEATH	Janua		
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In yeers last birthday)	Months Days	
F	W	WIDOWED	DIVORCED _	October 2	7.1884		Monnis	110013
	CUPATION (Give kind of works of working life, even if retire		OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (C			12. CITIZEN	OF WHAT COUNTRY?
House	sewife	,			ter Co.,	Maryla	and U	.S.A.
13. FATHER'S N.	AME			Louise	DEN NAME			
Cha	arles Johnson				la Tyler			
15. WAS DECEA	SED EVER IN U.S. ARMED FOR	CES? 16. SOC	CIAL SECURITY NO. 17.	Mr. Charles	11 1112	Address	\ TT -	- 7.7
	wn) (If yas give war or datas of s		OF 5576 F	Mr. Charles	S W WILL	Ley (Sor	1) Home	address above.
No	E OF DEATH (Enter only one			decords of	Pine_bit	III HOSI		NTERVAL BETWEEN
	. DEATH WAS CAUSED BY:	The same of					0	ONSET AND DEATH
111	IMMEDIATE CAUSE (a)	Arteri	iosclerotic	cardiovas	cular_di	sease_		unknown
	L of DUE TO							
	if any, which (b)							
	the underlying DUE TO							
causa last.	lite directlying (c)							
Z PART II.	OTHER SIGNIFICANT CONDI	TIONS CONTRI	BUTING TO DEATH BUT I	NOT RELATED TO THE TE	RMINAL DISEASE	CONDITION GIV	EN IN PART 1(a)	19. WAS AUTOPSY
ATIO	D1							PERFORMED?
20a. ACCID	ENT WAS UNDERLYING	20b. DESCRIE	E HOW INJURY OCCUR	ED. (Entar natura of injury	y in Part I or Pert I	of itam 18.)		1
OR CONTRIE	BUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)							
20c. TIME C	e.m.	While _		LACE OF INJURY (Home, actory, streat, office bldg.		or town)	(County)	(Stata)
	tify that (I) (this hospi			12/29/61	19 to	1/13	1962	that (I) (we) last
	deceased alive on							
22a. SIGNA			, and m	ai dealli occurso a	N. A. W. W. W. T	The causes	and on me	22b. DATE
228. 316147		Ritch	1. 1.01	M.D. ATTENDING	MED. DIRECTOR	STAFF PHYS.	1/14	SIGNED
22c, PHYSIC	CIAN'S	CACA	weeke	22d. ADDRESS			-//	-
NAME	(Typa)	34 a b d a .		Dine Bl	ee Haar		- 1 d ah	. 1/4
DO DUDIAL C	REMATION, 23b. DATE THE	Ritching	C. NAME OF CEMETER		uff-Hos	ATION (City, to		(Stete)
REMOVAL (spacify)			hurch Ceme				
	RECTOR'S SIGNATURE		ADDRESS		REC'D BY REGIS			
	oway +	CO	Sal. 7	Mod DATE	JAK 1	7 '62	arthur S.	Kraus

THE RESERVE OF THE PERSON OF T . . . contract the bandyant of The State of the St Detuble 27, USSED 77 and the state of t nacing ord last well as being a 5/18/22 the rightion ferigan limit solls ... named in the

Carried F. U. S. - was taged Tenned with the Self of man tentral

Hallinay + El Sale THIS.